

UNIVERSITY OF LOUISIANA MONROE

Resignation Request

NOTE: Complete this form *only if resigning on or before the last date to drop with "W" grades* for the affected term. Contact your dean's office to resign *after* the last date to drop with "W" grades. See the appropriate *Schedule of Classes* for specific dates.

(Last Name)

(First Name)

(Middle/Maiden)

CWID

I wish to resign from the University for _____ of _____ for the following reason:
(term) (year)

I have financial assistance from the University (e.g., loan, scholarship, grant, job). I understand that it is my responsibility to consult the Office of Financial Aid regarding any requirements or ramifications related to my resignation.

I reside in campus housing. I understand that it is my responsibility to consult Residential Life regarding any requirements or ramifications related to my resignation.

By my signature below, I verify that the statements above are correct.

Student's Signature (required)

Date

**Submit completed form to
ULM Office of the Registrar
700 University Avenue
Monroe, LA 71209-1110
or
fax to (318) 342-5274**