



Withdrawal Request

Office of the Registrar

ENMU Station 5 | 1500 S Ave K | Portales, NM 88130

Phone: 575.562.2175 | Fax: 575.562.2566 | registrar.office@enmu.edu

Personal Information

ENMU ID: _____ Semester: _____

Student's name: _____
Last First Middle initial

Phone: _____ Email: _____

Mailing address: _____
Street City State ZIP

Partial Withdrawal

Please withdraw me from the following course(s):

CRN Code	Course Abbreviation	Course Number	Section Number	Credit Hours

Complete Withdrawal

I want to completely withdraw from all my classes this semester.

Reason(s): Medical Military Financial Family
 Academic Transfer Personal Other: _____

Signature

I acknowledge by submitting this form that I understand adding, dropping or withdrawing may affect my eligibility for:

• federal student aid • scholarships • NCAA eligibility • veteran benefits • etc.

I also understand any changes in eligibility may reflect on my student account.

Student signature: _____ Date: _____

