



Withdrawal Request

Office of the Registrar | Phone: 575.562.2175 | Fax: 575.562.2566 | portales.registrar@enmu.edu

Student Information

ENMU ID number: _____ Semester of withdrawal: ☐ Fall _____ ☐ Spring _____ ☐ Summer _____

Legal name: Last: _____ First: _____ Middle: _____

Mailing address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ ENMU email: _____

Partial Withdrawal

Please withdraw me from the following course(s):

| CRN | Subject | Course Number | Section | Credits |
|-----|---------|---------------|---------|---------|
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Complete Withdrawal

☐ I want to completely withdrawal from all my classes this semester. My reason(s) for withdrawing include:

☐ Academic ☐ Family ☐ Financial ☐ Medical ☐ Military ☐ Personal ☐ Transfer

☐ Other _____

Acknowledgement and 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 printed name

Student signature

Date