



MARYVILLE UNIVERSITY
650 Maryville University Drive
St. Louis, Missouri 63141
314.529.9300
maryville.edu

SEPARATION REQUEST

Date: _____

Name of University: _____

Student Full Name: _____ Student I.D.: _____

Department: _____ Degree Level: _____

Current Major: _____

1. Total number of credits required to complete program of study:	
2. Total number of credits including transfer credits:	
3. Total number of credits accepted toward the degree including Transfer credits:	
4. Total number of online credits:	
5. Total number of remaining credits to complete the degree program:	
6. Total of Credits Enrolled this semester:	
7. Expected date of graduation (MM/DD/YYYY):	

Comments:

Name of University Advisor or Official: _____

Contact Information: _____

Signed: _____

Stamp: