

Withdraw from Graduate Program

Student ID: _____ **First Name:** _____ **Last Name:** _____
Program: _____

Withdrawal Information

I wish to be formally withdrawn from my current program. I understand that by withdrawing I will no longer be able to register as a graduate student unless I am admitted to another program.

Effective Term: Fall Spring Summer Year: _____

I wish to withdraw from my current program. I have been admitted to another graduate program.

Program: _____

Admit Term: Fall Spring Summer Year: _____

Registration

Completing this form does not drop you from classes. To drop your classes, you must complete the Cancellation/Withdrawal form on the Registrar's Office website.

I am not enrolled in classes for the current term.

I will be withdrawing from classes for: Fall Spring Summer Year: _____

I will not be dropping the classes that I am currently enrolled in. I understand that I will be withdrawn from my current program at the end of the semester after grades are posted.

Student Signature _____ Date _____

SGS Review

School of Graduate Studies _____ Date _____