

GRADUATE SCHOOL OF ARTS AND SCIENCES

COMPLETE WITHDRAWAL FORM

PLEASE PRINT

Name: _____ ID#: _____
(Last) (First) (Middle)

Dept. or Program _____ Last day you will attend/have attended _____

Permanent Address: _____
(Street) (City & State) (Zip Code)

Present mailing address (if different from above): _____

Phone (____) ____ - ____ Email address _____

All withdrawals must be in writing. The effective date of withdrawal is normally the notification date. Tuition refunds, if warranted, are based upon the last date of class attendance.

Reason for withdrawal: _____

I understand that I am responsible for my student account and will reconcile all charges including those that may be posted after withdrawal.

I understand that my withdrawal may affect student health insurance, student loans, e-mail account and other areas and that I must review these with the appropriate offices.

(Student's Signature) _____ (Date) _____

The following signatures are required for an official withdrawal to be completed:

(Graduate Program Advisor) _____ (Date) _____

(Dean of the Graduate School of Arts & Sciences) _____ (Date) _____

For GSAS Use Only:

- Notify OISS
Classes dropped/withdrawn?
Refund?
MP closed
Milestone 8012 online
Notify Associate Dean/Financial Aid
Notify Accounting Coord./Asst. to Dean

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