THE GRADUATE SCHOOL

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, The Graduate School) (Date)

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For GSAS Use Only:

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_____ Classes dropped/withdrawn?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

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