

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)

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- _____ Classes dropped/withdrawn?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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