COMPLETE WITHDRAWAL FORM

Graduate School

If you are planning to withdraw from the University, complete this form.
(please type responses)

Name: _____ _____ _____ **SID:** 850
first middle last

Home Phone: _____ **Business phone:** _____

E-mail address: _____

Permanent Address: _____

Local Address:
(only if different from permanent) _____

REASON(S) FOR WITHDRAWL _____

LIST COURSE(S)

Dep Abbr	Course No.	Section

_____
Student's Signature

_____
Date

GRADUATE USE ONLY

Term _____

Effective Date _____

Grade _____ **Approved: Graduate School** _____

Distribution: **Registrar** **Financial Aid** **Student Accounts** **Graduate Coordinator** **Student**

Please return to the Graduate School