



NOTICE OF WITHDRAWAL FROM GRADUATE PROGRAM

OFFICE OF THE REGISTRAR LB-700

NOTE: Students who withdraw from the University must observe the program and course withdrawal deadlines published annually in the Graduate Studies calendar

PLEASE PRINT

I.D. NUMBER	SURNAME:										
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>											GIVEN NAMES:

IN WHICH FACULTY AND ACADEMIC PROGRAM ARE YOU REGISTERED?

FROM WHICH FACULTY AND ACADEMIC PROGRAM DO YOU WISH TO WITHDRAW?

LEVEL OF STUDY FROM WHICH YOU WISH TO WITHDRAW

DOCTORAL
 MASTER
 DIPLOMA
 CERTIFICATE
 QUALIFYING

I WISH TO WITHDRAW FROM THE ABOVE PROGRAM FOR THE FOLLOWING REASONS -

COURSE WITHDRAWALS – After the DNE deadline, the withdrawal from program is processed effective the beginning of the next term and the courses on record will be discontinued (DISC) if this form is submitted prior to the academic withdrawal deadline (DISC).

	COURSE NAME PREFIX: i.e., H I S T	COURSE NUMBER AND TERM: i.e., 600 / 2	LEC i.e., AA	LAB i.e., 01	YEAR i.e., 2002
DNE <input type="checkbox"/>					
DISC <input type="checkbox"/>					
DNE <input type="checkbox"/>					
DISC <input type="checkbox"/>					
DNE <input type="checkbox"/>					
DISC <input type="checkbox"/>					
DNE <input type="checkbox"/>					
DISC <input type="checkbox"/>					

STUDENT'S SIGNATURE _____ DATE _____

DEPARTMENTAL SIGNATURE _____ DATE _____

OFFICE USE ONLY
Withdrawal Effective:
Coded by and Date: