



VOLUNTARY WITHDRAWAL FROM GRADUATE PROGRAM

STUDENT INFORMATION:	Student Number:
First Name:	Last Name:
Email:	Telephone:

Please withdraw student from: _____ in _____
Degree Graduate Program

Requested Date of Withdrawal: (yyyy/mm/dd) _____

Please consult The Faculty of Graduate Studies Policies and Guidelines for additional information on voluntary withdrawal.

A student wishing to withdraw voluntarily from the University must notify his or her graduate program advisor in writing. **The Graduate Program must send a copy of the student’s written request** to the Faculty of Graduate Studies with this form.

Copy of withdrawal notification from student: Memo or email attached

Does student have any Awards? Yes No

Retroactive withdrawal requests are normally not approved by FGS unless the graduate program confirms in writing that the student did not attend or use any university resources as of the requested date of withdrawal.

Please check box for retroactive withdrawal requests:

I confirm that the student named above did not attend or use any university resources as of the requested date of withdrawal.

Comments from program:

Please note that this form will not be processed for students who have outstanding fees.

Approval of Advisor:

_____ Signature	_____ Name (please print)	_____ Program	_____ Date (yyyy/mm/dd)
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Approval of Graduate Program Chair:

_____ Signature (must be different from above)	_____ Name (must be different from above)	_____ Program	_____ Date (yyyy/mm/dd)
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Graduate Studies use only:		
<table border="0"> <tr> <td>_____ Date of Approval</td> <td>_____ Dean of Graduate Studies Signature</td> </tr> </table>	_____ Date of Approval	_____ Dean of Graduate Studies Signature
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