

## Graduate Withdrawal from the College

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Email: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Advisor: \_\_\_\_\_

Are you enrolled in coursework in the current semester            YES            NO

    If **YES**, will you complete your coursework or withdraw:            Complete            Withdraw

Effective Date of Withdrawal: \_\_\_\_\_

Reason(s) for Withdrawal (check all that apply):

\_\_\_\_ Transfer (List College): \_\_\_\_\_

\_\_\_\_ Health            \_\_\_\_ Personal            \_\_\_\_ Employment            \_\_\_\_ Military Service

\_\_\_\_ Financial            \_\_\_\_ Academic Reasons            \_\_\_\_ Moving

\_\_\_\_ Other (please explain): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***International students attending on F-1 Visas must also obtain the signature of the College Primary Designated School Officer (PDSO).***

PDSO Signature: \_\_\_\_\_ Date: \_\_\_\_\_