



I, _____ (print name), am withdrawing from the Graduate School of Arts and Sciences. This action is for medical / or personal reasons. I understand this action is not complete until acknowledged by appropriate signatures below and returned to the Graduate School Office.

_____ Student ID# _____ Student Signature _____ Date

_____ Department _____ Signature of Faculty Advisor _____ Date

_____ Department _____ Signature of Program Director _____ Date

If completing this form before the drop date of the semester, check WD for withdraw without grade. If after the drop date of the semester, check WP for withdraw-passing or WF for withdraw-failing.

_____ WD WP WF _____
Course and CRN _____ Signature of Instructor _____ Date of Last Active Participation

_____ WD WP WF _____
Course and CRN _____ Signature of Instructor _____ Date of Last Active Participation

_____ WD WP WF _____
Course and CRN _____ Signature of Instructor _____ Date of Last Active Participation

_____ WD WP WF _____
Course and CRN _____ Signature of Instructor _____ Date of Last Active Participation

_____ WD WP WF _____
Course and CRN _____ Signature of Instructor _____ Date of Last Active Participation

Financial Aid – Reynolda 4 _____
Signature _____ Date

I.D. Card Returned – Angelou Hall 001 _____
Signature _____ Date

Information Systems, Help Desk _____
The Bridge ZSR Library _____ Signature _____ Date

Library Circulation Desk – ZSR Library _____
Signature _____ Date

Financial and Accounting Svc. _____
Cashiers' – Window _____ Signature _____ Date

Please return this form to the Graduate School Office. Re-admittance to the Graduate School requires departmental and Graduate School approval.

_____ Date

_____ Approval Signature of the Dean