



VOLUNTARY WITHDRAWAL FORM

Student #: _____ Last Name: _____ First Name: _____

Address: _____ City/Prov: _____ Postal Code: _____

Email: _____ Phone #: _____

Please withdraw student from: _____ in _____
Degree *Graduate Program*

Requested Date of Withdrawal: _____

Written Notification

A student wishing to withdraw voluntarily from the University must notify the Program Coordinator in writing. This may be done by memo or email. A copy of this written notification from the student must be attached to this form.

Written Notification Attached

Does student have any awards? Yes No

Retroactive Withdrawal Requests

Retroactive withdrawal requests are not normally approved by the College of Graduate Studies unless the graduate Program Coordinator confirms in writing that the student did not attend or use any university resources as of the requested date of withdrawal. In order to process a retroactive withdrawal, the Program Coordinator should complete this section.

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

Comments:

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

VOLUNTARY WITHDRAWAL APPROVAL *(All signatures are required)*

Student: _____
Print Name *Signature* *Date*

Supervisor: _____
Print Name *Signature* *Date*

Program Coordinator/Head: _____
Print Name *Signature* *Date*

College of Graduate Studies use only

Dean of Graduate Studies: _____
Print Name *Signature* *Date*