



Graduate Course Withdrawal Form

Last Name: _____ First Name: _____
 Student Number: _____ Email Address: _____
 Graduate Degree Program: _____
 Graduate Advisor's Name: _____
 Semester and Year requesting late withdrawal: _____
 Reason for withdrawal: _____

COURSES TO BE DROPPED:

Course ID (e.g.: ACC 611)	Section Number (e.g.: 01, 02)	Credit Hours	Course Instructor Decision	Course Instructor Signature
			() Approved () Not Approved	
			() Approved () Not Approved	
			() Approved () Not Approved	
			() Approved () Not Approved	
			() Approved () Not Approved	
			() Approved () Not Approved	

Graduate Program Director Decision
 () Approved
 () Not Approved

 Graduate Program Director Signature

Graduate Dean Decision
 () Approved
 () Not Approved

 Graduate Dean Signature

DO NOT WRITE BELOW

Grant Loan Scholarship Graduate Assistant Housing

Credits Change from _____ to _____ Tuition Refund % _____ _____
Authorized Signature (refund only)