



GRA

WITHDRAWAL FROM GRADUATE STUDIES

Please note that students remain liable for outstanding fees following withdrawal.

STUDENT INFORMATION

Student's written request to withdraw is attached.

Student number	Email
First name	Surname
Date of Request	Term for withdrawal (e.g. Fall 2017)
Degree (eg. MA, MSc, PhD)	Graduate program name
Reason for withdrawal (optional)	

I confirm that I have informed my supervisor (if applicable) and the Graduate Program Chair or Director of the program of my decision to withdraw.

STUDENT INFORMATION

Student signature	Date
-------------------	------

RETROACTIVE WITHDRAWAL

Retroactive withdrawals are not normally approved unless the graduate program confirms in writing that the student did not attend or use university resources as of the withdrawal date, and the student provides written documentation of extenuating circumstances.

Requested retroactive date of withdrawal

Signature, Supervisor

Freedom of Information and Protection of Privacy

The information on this form is collected under the authority of the University Act (R.S.B.C. 1996, c.468). It is related directly to your ability to register in a graduate program and is needed by the University to verify that you completed a degree but are unable to access your official certificate and/or transcript. The information will be used to update your student record. If you have any questions about the collection and use of this information, please contact Graduate Studies at (778) 782-3042 or by email to gradstyd@s.u.ca