

REQUEST TO WITHDRAW OR CHANGE CURRENT PROGRAM

Name _____ Date _____ Phone _____
 Address _____ Student ID _____
 City,State,Zip _____ Email _____

NOTE: COMPLETING THIS FORM DOES NOT DROP YOU FROM CLASSES. To drop your classes, you must complete the registrar's office online form "Cancellation / Withdrawal" available on their website.

I wish to formally withdraw from my current graduate program and degree:

Major: _____ Degree: _____ Effective Date and Term*: _____

I understand that by withdrawing, I will no longer be able to register as a Graduate Student unless I am admitted to another program.

I have been admitted to a new graduate program at UND:

Major: _____ Degree: _____ Effective Date and Term: _____

REGISTRATION (Check one option)

I am not enrolled in classes for the current term.

I will be withdrawing from classes for term: _____

I will **not** be dropping the classes I am currently enrolled in. I understand that I will be withdrawn from my current program at the end of the semester after grades are posted.

Date Submitted: _____

Student Signature: _____

Approved and Processed:

School of Graduate Studies Dean

Date

Copies: School of Graduate Studies Department Student Assistantships International Programs