Withdrawal Petition

Please type or print legibly.

Student ID Number______________

Name__________________________________________Date_____________________

Last   First
Permanent Address________________________________________________________
________________________________________________________________________

Home Phone________________________________ Work Phone_____________________

Email__________________________________Program________________________________

Reason for withdrawing____________________________________________________
________________________________________________________________________

The student must obtain all signatures in the order listed below before withdrawal is complete. The completed petition should be returned to the Records Office by the student.

1. School Dean   ___________________________Date_______________
   (or the Provost in the School Dean's absence) (Asst Dean at GSIPM)

2. Academic Advisor             ___________________________ Date_______________

2. Director of Student Services _____________________________________________

3. Librarian    ___________________________Date_______________

4. Cashier    ___________________________Date_______________

If applicable:
5. Financial Aid Officer  ___________________________Date_______________

6. International Admissions Officer

Final:
7. Records Administrator ___________________________Date_______________
Withdrawal Petition

Banner: