



REQUIRED TO WITHDRAW FROM GRADUATE PROGRAM

STUDENT INFORMATION:		Student Number:
Given Name:	Family Name:	
Address: PLEASE ENSURE ADDRESS IN MyLION IS CURRENT.		
Email:	Degree (e.g. M.A.):	Program:

Please withdraw student from: _____ in _____
Degree Graduate Program

Requested Date of Withdrawal: _____

Date of last registration (e.g. 2007, Winter) _____

Date of last known contact with student: (yyyy/mm/dd) _____

Failure to register for two consecutive terms may result in the student being required to withdraw. The graduate program must document that an attempt was made to contact a missing student, and must attach documentation of these attempts to this form.

- Copy of e-mail attached**
- Memo confirming that the student has not been registered and has not been in attendance**

Comments:

Recommended by:

Director of Program Date

Approved by:

Dean of Academic Programs Date

Enrolment Services use only:	
_____	_____
<small>Date of Approval</small>	<small>Coordinator of Enrolment Services</small>