



NOTIFICATION OF VOLUNTARY WITHDRAWAL

Student Number: _____

Surname: _____ Given Names: _____

Permanent Email: _____

Address: _____

Program: _____ Degree: _____

Student Status at the time of withdrawal: Full-time Part-time
Citizenship: Canadian Permanent Resident Visa
Reason for Withdrawal: _____

Course(s) to be de-registered: _____

[Click here for refund/withdrawal information](#)

Student Signature: _____ Date: _____

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of the University and its programs and services. Questions about this collection should be addressed to the Director, Graduate Studies, Brock University, St. Catharines, Ontario, L2S 3A1, 905-688-5550.

Department/Program Signatures:

Supervisor's Signature (if applicable): _____ Date: _____

Graduate Program Director: _____ Date: _____

Faculty of Graduate Studies Information Only:

Approval Signature:

Faculty of Graduate Studies: _____ Date: _____

Effective Date of Withdrawal: _____

FOR OFFICE USE ONLY:

DE-REGISTRATION GRSEG FINANCE FUNDING E. ADMIT

COPY TO: STUDENT PROGRAM FILE ITS/LIB/IRC/UNIX/GSA/UHIP/HEALTH SERVICES