



FACULTY OF GRADUATE STUDIES
 1812 Sir Isaac Brock Way
 St. Catharines, ON L2S 3A1
 Tel: 905-688-5550
 Fax: 905-688-0748
 Website: www.brocku.ca/graduate-studies

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: _____

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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