

## **Program Withdrawal Form**

Submit completed form to your graduate program office.

Studer	nt informati	ion								
Surname					Given name(s)					
Student number					E-mail					
Program					Degr	ee & level o	level of study Curre		atus	
Withdrawal date			Withdra	Withdrawal status						
Term Year										
Reason - Attach if necessary										
Please identify if the course should be dropped (D) or assigned a grade of W										
D/W	Course number & credit e.g., POLS 5742.6		Course title			Term e.g., Y12	Course director		Catalogue number e.g., cat #Z97F05	
Student signature (if student initiated)						Date (mm/dd/yyyy)				
Program director name				Signature		Dat		Date (mm	ate (mm/dd/yyyy)	
Program use only										
For students withdrawing in good standing: provide date by which program was notified in writing by student. This date will be entered on SIS and used to determine any refund. Submit completed form to Enrolment Unit, Registrar's Office, Bennett Centre for Student Services, W223.										
<b>RO use only</b> (Note for courses to be assigned a Withdrawal input				Refund assessment				Date (mm/dd/yyyy)		
administr	<b>Privacy:</b> Personal information in connection with this form is collected under the authority of <i>The York University Act</i> , 1965 and will be used for educational, administrative and statistical purposes. If you have any questions about the collection, use and disclosure of personal information by York University, please contact: Manager, Communications, Public Relations & Recruitment, 230 York Lanes, (416)736-2100 x 20585, fgscomm@yorku.ca.									