

# Request for Voluntary Withdrawal from Graduate Program

*Please type or print*

**To be completed by student:**

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name(s)</i>	<i>UCID</i>	<i>Graduate Program</i>			
<i>Mailing Address</i>							
<i>List all courses currently registered in:</i>							
<i>List all Scholarships, Assistantships, Grants, Bursaries or received/awarded this year</i>							
<i>Term</i>	<i>Course</i>	<i>Course #</i>	<i>Lec #</i>	<i>Lab #</i>	<i>Audit</i>	<i>Amount:</i>	<i>Source:</i>
						<i>Amount:</i>	<i>Source:</i>
						<i>Amount:</i>	<i>Source:</i>
						<i>Amount:</i>	<i>Source:</i>
<p><i>This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required to respond to your request to withdraw from a University of Calgary degree program. This information will form part of the student record and the supervisory record. Please direct any queries to the FOIP Advisor, Faculty of Graduate Studies, University of Calgary, Calgary, Alberta T2N 1N2. Telephone (403) 220-4938.</i></p>							
<p><b>Effective Date of Withdrawal:</b>          (NOTE: A request for a retro-active withdrawal, signed by the student after the fee payment deadline, must be accompanied by a memo of justification from the Graduate Program Director). Voluntary withdrawal is permitted only when student is not under review and is in good academic standing.</p>							
<i>Reason for Withdrawal (if appropriate, attach an explanatory memo)</i>							
<i>Signature of Student:</i>							<i>Date:</i>

**Upon completion, submit this form to the Faculty of Graduate Studies office**

**FGS office use only:**

<i>Faculty of Graduate Studies:</i>	<i>Date:</i>
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**Revised Fee Assessment**

<i>Term</i>	<i>Tuition</i>	<i>GSA</i>	<i>UPass</i>	<i>Campus Rec</i>	<i>Athletics</i>	<i>Student Services</i>	<i>Health Insurance</i>	<i>Dental Insurance</i>	<i>Grad Donation</i>	<i>Group Insurance</i>	<i>Late Fees</i>

Scholarships Office     
  Graduate Program     
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