

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)

Voluntary Complete Withdrawal from a Graduate Degree Program

10 DIGIT ASU AFFILIATE ID#

This form should be completed if you wish to entirely withdraw from a graduate degree program (i.e., **not just for a limited time**). Once processed, you must fully re-apply and be re-admitted to the university to resume graduate enrollment. If you are concurrently admitted to multiple degree programs at ASU, this will serve to only withdraw you from the individual program(s) specified below.

International students: Please note that withdrawing from a graduate degree program may affect your visa status. Before submitting this form, please contact the International Students and Scholars Center for appropriate immigration advisement (<u>isso@asu.edu</u>, Student Services Building, first floor, room 170, 480-727-4776).

Please note that this form does not withdraw you from your course(s) for any semester. You may choose to complete the course(s) in which you are currently enrolled. In order to withdraw from courses for which you have already registered, you must contact the Registrar's Office (Student Services Building).

ACADEMIC UNIT NAME		ACADEMIC UNIT CONTACT PERSON	
Please enter the degree name, major name, and the student wishes to voluntarily withdraw (the code ma			ee program from which the
DEGREE	PLAN NAME	PLAN CC	DDE
REASON FOR WITHDRAWAL		1	
l am voluntarily withdrawing from the graduate o	degree program liste	ed above.	
am voluntarily withdrawing from the graduate o	degree program liste	ed above.	
I am voluntarily withdrawing from the graduate of student signature	degree program liste	ed above.	DATE
STUDENT SIGNATURE Once you have completed and signed this form, ple Graduate Admission Services 1151 S. Forest Avenue, #SSV112	ease submit it to:		anned and emailed to
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