

VOLUNTARY WITHDRAWAL FROM A PROGRAM

NAME: NAU EMAIL:		NAU ID: PRIMARY PHONE:
ADVISOR/FACULTY MEN	ITOR:	
Are you an International	Student?: Yes No	
Are you in an accelerated	d master's program?: Yes	No
PLEASE SUPPLY THE FOLLOV Brief Statement of Request a email or on a separate, attac	ind a justification for requesting a wit	hdrawal from your program within the body of an
will be entered into the stu	dent's record by the Graduate Colle in-between terms, the EFFECTIVE	omes in the middle of a term, the EFFECTIVE DATE ge as the first business day after the end of the DATE will be entered into the student's record
when voluntarily withdrav	ving from a program. Students are my course or courses for which they	responsible for completing the process and/or are currently registered. These processes, forms,
financial responsibility a stu	-	a graduate program does not annul any federal government. Please contact the Office of itstanding debt you may owe.
		orm to gradadmissions@nau.edu or NAU PO Box 412 leted form to GradInternational@nau.edu.
Graduate College Use Only:	(FOR OFFICE USE ONLY: If studen from GRIP student group. Check	t is in accelerated program, remove once complete)
No Associate Vice Provo	oct Signature:	Date