

VOLUNTARY WITHDRAWAL FROM A PROGRAM

NAME:	NAU ID:
NAU EMAIL:	PRIMARY PHONE:
DEGREE/PROGRAM:	<u> </u>
ADVISOR/FACULTY MENTOR:	
PLEASE SUPPLY THE FOLLOWING: Brief Statement of Request and a justification for recemail or on a separate, attached document.	questing a withdrawal from your program within the body of an
will be entered into the student's record by the Grad	his request comes in the middle of a term, the EFFECTIVE DATE duate College as the first business day after the end of the term. CTIVE DATE will be entered into the student's record by the
voluntarily withdrawing from a program. Students	any course or courses for which they are registered when are responsible for completing the process and/or petition to are currently registered. These processes, forms, and deadlines
	ng from a graduate program does not annul any financial e federal government. Please contact the Office of Financial Aid atstanding debt you may owe.
Please submit the completed form to	o gradadmissions@nau.edu or NAU Box 4125.
Graduate College Use Only:	
□Yes □No Associate Dean Signature:	Date: