**The University of Akron**

Graduate School

#### GRADUATE SCHOOL

#### UNIVERSITY WITHDRAWAL FORM

Leigh Hall, Room 515

Akron, OH 44325-2101

Phone: 330.972.7663

Fax: 330.972.6475

This form is to be used as notification of your intent to terminate enrollment in graduate studies at The University of Akron. Completion of this form does not withdraw you from coursework. If you need to withdraw from classes, you must also complete the Course Add/Drop form located at: http://www.uakron.edu/registrar/docs/RegSchedAdjForm.doc

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*Please type or print legibly* **all** *requested information and return to the Graduate School for processing***.**

**Personal Information:**

|  |  |
| --- | --- |
| Student Identification #:      | Social Security # (optional):      |
| Name (last, first, middle initial):      | Maiden or Former Name(s):      |
| Mailing Address Line #1:      | Mailing Address Line #2:      |
| City:      | State:      | Zip:       | Country (non-US):       | Date of Birth (mm/did/yyyy):      | Email Address:      |

**Educational Information:**

|  |  |
| --- | --- |
| Name of Graduate Program:      | Level of Study:[ ]  Master’s [ ]  Doctoral [ ]  Certificate [ ]  Non-Degree |
| My last semester/year of enrollment at The University of Akron:[ ]  Fall [ ]  Spring [ ]  Summer Year:       | Indicate the effective date for withdrawal (mm/dd/yyyy):      |

 I hereby certify that the information herein is complete and accurate. Furthermore, I certify that I understand the terms and conditions of this withdrawal as stated in below items numbered (1-5):

1. By completion of this form, I understand that I am formally withdrawing from The University of Akron.
2. It is my responsibility to follow the University course add/drop policies as set forth at: <http://www.uakron.edu/registrar/AddDrop.php>.
3. I understand that this withdrawal does not relinquish my outstanding financial obligations to The University of Akron.
4. I am aware that it is in my best interests to consult with Student Accounts, Financial Aid (where applicable), and International Programs (international students only) to discuss the implications of my withdrawal. Likewise, if I am the holder of an Assistantship, I should contact the Graduate School to discuss the impact of this withdrawal.
5. I understand that if I wish to return to The University of Akron Graduate School, I must reapply and follow all necessary procedures as stated in the *Graduate Bulletin* to be readmitted.

Signature: Date:

Cc: Graduate School File, Registrar, Student Accounts, Financial Aid, Academic Department, International Center (where applicable)