

## **GRADUATE WITHDRAWAL FORM**

By completing this form, you are effectively sev	ering your reid	uonsnip wun Drexei Oniversity.		
Effective Term/Year of Withdrawal:				
University ID number Date of Birth		Email		
Mailing Address		Student Classifications (Select all that apply):		
		Quarter	Semester	International Student
Printed Name of Student		Signature of Student	E-mail Addr	ess Date
Signature of Academic Advisor/Program   Director			Date	
Signature of International Students and Sch	olars Office _	If applicable	Date	
3. Signature of Drexel Central Representative			Date	
4. Signature of the Graduate College			Date	
		Withdrawal Process	:	
Purpose Students use this form to formally withdraw fr	om the instituti	on, effectively severing their relat	ionship with Drexel Uni	versity.
Procedures Students indicate the effective date for their w their signature. International students are requi institution and secure a signature. Students mu university.	ired to inform a	representative of the Internationa	Students and Scholars	Services of their decision to leave the
The Withdrawal Form with appropriate signat from the University must complete an Applica withdrew from the institution and who were not be a signature.	ation for Readn	nission if they intend to continue g	raduate study at Drexel.	Please note that students who
		For OUR Use Only		
	Process	ed by		
	Da	ite		