



Undergraduate Academic Affairs
College of Science

WITHDRAWAL REQUEST

	OFFICE USE ONLY
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Mr/Ms: _____

G#: _____

Address: _____

GMU email: _____

Official correspondence may be sent to this address.

City State Zip

Telephone: if yes, we will leave a detailed message on voice mail
Home () _____ Message? yes/no
Cell/Work () _____ Message? yes/no

Major: _____

State your specific request and the details you wish the Dean to consider. Verifiable third-party documentation must be supplied in support of this request. Questions about documentation needed for requests can be directed to the College of Science's Office of Academic and Student Affairs (ugradcos@gmu.edu). *Required documentation must be provided within 30 days of receipt of your request. After 30 days, the request will be filed without review.*

Semester you are requesting to be withdrawn from class(es): _____

Are you requesting a withdrawal from all courses in this semester? Yes _____ No _____

If you are not requesting withdrawal from all courses, please list the courses you wish to withdraw from. *Partial withdrawals are approved only in rare situations and only when third party documentation shows why only those courses are affected for a non-academic reason.*

Do you currently have any registration holds on your record? Yes _____ No _____

Read and Sign: I understand that requests are not effective unless approved by the Undergraduate Academic Affairs Office. I certify that the above information is accurate and not in violation of the Honor Code. Acceptance of requests for Dean's review does not guarantee approval or a definite date when a decision can be reached. I have read and will comply with the rules, regulations, requirements and academic policies of the college and university.

Student's Signature

Date