

TO BE COMPLETED BY THE STUDENT	
Last Name:	First Name:
AU ID Number:	Email Address:
Current Program:	Phone Number:
Rationale and comments for Program Withdrawal:	

- I understand that by submitting this form, I will be withdrawn from my graduate studies program at Athabasca University in good standing. If I wish to reapply, I understand that I must complete the application process for a new application for admission.
- I understand that I must also submit a course withdrawal form to remove myself from any current/upcoming courses for which I am registered.
- I further confirm that I have reviewed all applicable program regulations on the AU website prior to submitting this form.

Student Signature

Date

Please submit your completed form or any questions to the applicable program office at:

NURSING & HEALTH STUDIES PROGRAMS
Fax: 780-675-6468 **OR**
Email: cnhsgrad@athabascau.ca

COUNSELLING PROGRAMS
Fax: 780-421-5046
Email: gcapadmin@athabascau.ca

FOR OFFICE USE ONLY:

Records Updated

Signature

Date