

| 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- I understand that by submitting this form, I will be withdrawn from my graduate studies program at Athabasca University in good standing.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 us at:

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

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

FOR OFFICE USE ONLY:

Records Updated

Signature

Date