



GRADUATE VOLUNTARY WITHDRAWAL FORM

USF St. Petersburg Graduate Studies

140 Seventh Avenue South, BAY 204

St. Petersburg, Florida 33701-5016

Telephone: (727) 873-4567 Fax: (727) 873-4889

www.stpt.usf.edu/spgrad

International Student? Yes ___ No ___
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TO: OFFICE OF GRADUATE STUDIES

FROM: _____ / _____
 Program and Degree Code Program Director/Coordinator Signature Date

_____ _____
 College College Dean/Grad Coordinator Signature Date

THE FOLLOWING STUDENT IS REQUESTING TO VOLUNTARILY WITHDRAW FROM HIS/HER PROGRAM. ALL RELEVANT DOCUMENTS INCLUDING A LETTER OF REQUEST FROM THE STUDENT ARE ATTACHED.

 Last Name First Name Initial U.I.D.#

 Street City State Zip

Masters Student ___ Five Year Program enrolled? Yes ___ No ___

IMPORTANT: Withdrawal cannot be retroactive. The **EFFECTIVE DATE** will be entered into the student's record by the Office of the Registrar as the first business day after the end of the semester. The student will remain financially and academically responsible for any course they have registered for in the semester they are withdrawing from. The student may complete a **GRADUATE PETITION** to drop or delete the course or courses they are registered for. The petition can be found at the following link: www.stpt.usf.edu/spgrad.

ACTION: VOLUNTARY WITHDRAWAL FROM A GRADUATE PROGRAM

COMMENTS: _____

TO: UNIVERSITY REGISTRAR

The recommended action concerning this student is approved and the appropriate records should be posted.

 USF St.Petersburg Graduate Studies Date
 University of South Florida St. Petersburg

REGISTRAR'S ACTION: (Please check the actions taken and note the effective date)

_____ **General Student Record, Student Attribute and Comment For updated to non-degree status.**
 _____ **Effective Date for the VOLUNTARY WITHDRAWAL** _____
 _____ **Financial Aid notified** _____
 Date

 Processor Signature Date

ORIGINAL – TO REGISTRAR

COPY – TO PROGRAM, COLLEGE, GRADUATE STUDIES