EMERSON
COLLEGE
Graduate Studies

OFFICIAL WITHDRAWAL FORM

Name _____ Date _____
(Last) (First) (M.I.)

Emerson ID# _____ Social Security # _____

Current Address _____ Program/Department _____

_____ Phone #

_____ Home ( )

_____ Work ( )

Credits to date _____ Effective Date of Withdrawal _____

Reason for Withdrawal _____

_____

_____

I understand that this withdrawal is not complete without the following signatures and the attachment of my identification card. ***These signatures in no way constitute or release me from financial or other obligations.*** *Withdrawal is not effective until this form is completed and filed with both the Dean of Graduate Studies and the Registrar.*

Student's Signature **Date**

ENDORSEMENTS

Financial Aid Office (if app.) **Date**

Housing Office (if app.) **Date**

RECIEVED

Director of Graduate Studies **Date**

Registrar's Office **Date**

Date student requested form *(for office use only)*: _____

White – Registrar Yellow - Graduate Studies Pink - Grad. Program Director Gold - Student