THE OFFICE OF GRADUATE STUDIES IN ARTS &

SCIENCES COMPLETE WITHDRAWAL FORM

PLEASE PRINT				
Name:		ID#:		
(Last)	(First)	(Middle)		
Dept. or Program	Las	t day you will attend/have atten	ou will attend/have attended	
Permanent Address:				
(Street)		(City & State)	(Zip Code)	
Present mailing address (if differ	ent from above):			
Phone ()	Email addre	ess		
All withdrawals must be in writing.		withdrawal is normally the notificati the last date of class attendance.	ion date. Tuition refunds, i	f warranted,
Reason for withdrawal:				
I understand that I am responsible for m I understand that my withdrawal may aff these with the appropriate offices.	-			
(Student's Signature)		(Date)		
The following signatures are req	uired for an official v	withdrawal to be completed:		
(Graduate Program Advisor)		(Date)		
(Dean, The Graduate School)		(Date)		
For OGS Use Only:	******	***************************************	******	
Notify OISS Classes dropped/with Refund? MP closed Milestone 8012 online Notify Associate Dean Notify Accounting Coc	/Financial Aid			
		on University in St. Louis duate Studies in Arts & Scier		

The Office of Graduate Studies in Arts & Sciences Campus Box 1187 One Brookings Drive St. Louis, Missouri, 63130 e-mail: <u>artsci-grad@wustl.edu</u> website: <u>gradstudies.wustl.edu</u>