

Graduate Student Program Withdrawal Form

This form is to be used ONLY by currently enrolled post baccalaureate or graduate students (graduate major, credential, certificate or second baccalaureate program students). Submit to Office of Graduate Studies when completed, Welch Hall D-445.

Name: _____
Print Signature Date

CSUDH Student I.D. #: _____ F-1 Visa

Address: _____

City, State & Zip Code: _____

Phone: _____

Email address: _____

1. Have you applied for graduation? Yes No

2. If yes, term applied for graduation?

Spring _____ Summer _____ Fall _____
Year Year Year

3. I wish to withdraw from the following:

MA/MS Program (include option if applicable) _____

Post Baccalaureate Certificate _____

Credential _____

4. Effective Term: Spring _____ Summer _____ Fall _____
Year Year Year

Program Coordinator (Print) Signature Extension Date

FOR OFFICE USE ONLY

Change of status entered by: _____ Date processed: _____

New Form 2014