



Graduate Course Late Withdrawal Form

Last Name: _____ First Name: _____

G Number: _____ Email Address: _____

Degree Program: _____

Advisor's Name: _____

Semester and Year requesting late withdrawal: _____

Reason for withdrawal:

COURSES TO BE DROPPED:

Course ID & Section Number (e.g.: ACC 611-01)	Credit Hours	Course Instructor Decision	Course Instructor Signature
		() Approved () Not Approved	
		() Approved () Not Approved	
		() Approved () Not Approved	
		() Approved () Not Approved	
		() Approved () Not Approved	
		() Approved () Not Approved	

Graduate Program Director	() Approved	() Not Approved
Signature:		

Please email the electronic document for final review to: shumwayt@gvsu.edu

Vice Provost of The Graduate School	() Approved	() Not Approved
Signature:		

DO NOT WRITE BELOW

- Grant
 Loan
 Scholarship
 Graduate Assistant
 Housing

Credits Change from _____ to _____ Tuition Refund % _____ _____
 Authorized Signature (refund only)