



Graduate Voluntary Withdrawal Form

GRADUATE SCHOOL

4202 East Fowler Ave, BEH 304

Tampa, FL 33620

TEL: (813) 974-2846

<http://www.grad.usf.edu/>

PURPOSE:

Voluntary Withdrawal of a student from a Graduate Program.

STATUS CHANGE:

Once processed, the student's status will be changed from Graduate to Non Degree Seeking. Please contact the Office of the Registrar for additional information at (813) 974-2000.

A change to Non Degree Seeking status could adversely impact financial aid. Questions regarding this should be directed to the Financial Aid Department at (813) 974-4700. The student will remain financially and academically responsible for any course they have registered for. The student may complete a **GRADUATE PETITION** to drop or delete courses they are registered for. The petition can be found at the following link <http://www.grad.usf.edu/forms/>

IMPORTANT: A VOLUNTARY 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.

INSTRUCTIONS:

- 1) The form is originated and signed in the Office of the Program Director / Coordinator and is forwarded to the College Dean / Graduate Coordinator for consideration and recommendations.
- 2) Voluntary Withdrawal of a student requires written verification from the student indicating the desire to withdraw from the program. Written verification can be in letter or e-mail form.
- 3) The college sends the *original* form and attachments to the Dean of Graduate School for consideration.
- 4) The Dean of Graduate School will make a final decision. If voluntary withdrawal is approved, a letter of approval will be sent to the student by the Dean of Graduate School. A *copy* of the form and attachments will be retained in the Graduate School. The *Original* form will be forwarded to the Office of the Registrar.
- 5) The Office of the Registrar will process the form and send a *copy* of the completed form to the appropriate department and college.

INFORMATION FOR THE OFFICE OF THE REGISTRAR:

The **EFFECTIVE DATE** of the VOLUNTARY WITHDRAWAL will be as following:

- 1) ***EFFECTIVE DATE:***

Will be entered into the student record as:

The **FIRST BUSINESS DAY** after the **END OF THE SEMESTER** that the voluntary withdrawal is requested.



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| |
|---|
| International Student Yes ___ No ___ |
|---|

TO: THE GRADUATE SCHOOL

FROM: _____
 Program _____ Program Director / Coordinator Signature _____ Date _____

 College _____ College Dean / Graduate 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.

| | | | |
|---|------------|--|--|
| | | | U |
| _____ | _____ | _____ | _____ |
| Last Name | First Name | Initial | U. I.D. # |
| | | | |
| _____ | _____ | _____ | _____ |
| Street | City | State | Zip Code |
| Masters Student ___ Doctoral Student ___ | | Dual Degree enrolled? Five Year Program enrolled? | Yes ___ No ___ 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 <http://www.grad.usf.edu/forms/>

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.

 Dean of Graduate School _____ Date _____

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

_____ **General Student Record, Student Attribute and Comment Form updated to Non Degree status.**

_____ **Effective Date for the VOLUNTARY WITHDRAWAL** _____
 (First business day after the end of the semester) Date _____

_____ **Financial Aid Notified**

_____ Processor Signature _____ Date _____