



GRADUATE SCHOOL WITHDRAWAL FORM

FIRST NAME _____

LAST NAME _____

STUDENT ID # (SEVEN DIGITS) _____

NETID _____

PHONE _____

EMAIL _____

I am officially withdrawing from the University of Connecticut Graduate School in the following program(s):

1. _____

2. _____

3. _____

I have attended class within the first 10 days of the semester. My last date of attendance was _____

mm/dd/yyyy

Signature _____ Date _____