



College of Education and Human Development
 Office of Student and Academic Affairs
 4400 University Drive, MS 4B4
 Fairfax, Virginia 22030
 Thompson Hall, Suite 2300
 Phone: 703-993-2080; Fax: 703-993-2082
 Email: CEHDSAA@gmu.edu

INTERNAL USE ONLY:

WITHDRAWAL REQUEST

Name: _____ G number: _____

Address: _____ Masonlive email: _____

_____ Telephone: _____

-Undergraduate Major/ Graduate Program: _____

-Semester you are requesting to be withdrawn from class(es): _____

-Are you requesting a withdrawal from all courses in this semester? Yes No

-If you are not requesting withdrawal from all your classes, please list the courses you are petitioning for withdrawal. Partial withdrawals are approved only in rare situations when third party documentation indicates why the non-academic reason affects only these courses.

State your specific reason for the request and the details that you wish to be considered. Include all relevant documentation, e.g., letter from physician, legal documents. All required documentation must be received no later than 30 calendar days after submission of this request to the Office of Student and Academic Affairs. After 30 days, the request will be filed without review. You may attach a typed document if more space is needed.

Read and sign: I understand that requests are not effective unless approved by the College of Education and Human Development, Office of Student and Academic Affairs. I certify that the above and any accompanying information is accurate and not in violation of the Honor Code. Acceptance of requests does not guarantee approval or a definite date when a decision can be reached. I have read and will comply with the rules, regulations, requirements, and academic policies of the college and university.

 Student Signature

 Date