

## **College of Education and Human Development**

Student and Academic Affairs 4400 University Drive, MS 4B4, Thompson Hall, Suite 2200 Fairfay, Virginia 22030

Fairfax, Virginia 22030 Phone: 703-993-2080; Fax: 703-993-2082

cehdsaa@gmu.edu

INTERNAL USE ONLY Approved Denied	
Date Student Notified:	

## WITHDRAWAL REQUEST FORM

Name:	G Number:	
Mason email:	Phone Number:	
Major or Program:	Graduate Undergraduate	
Semester you are requesting to be withdrawn from:		
Are you requesting to be withdrawn from all courses for	this semester? Yes No	
If no, please list the specific courses you are requesting to be withdrawn from:		
State your specific reason for the request and the details you wish to be considered. If you are requesting a partial withdrawal, please include why only the specific course(s) was/were impacted. You may attach a typed statement if more space is needed.		
2. Attach all relevant information or supporting documer supporting documentation will be denied.	ntation for the requests. Requests without third-party	
<b>Read and sign:</b> Requests are not effective unless approved by the C and Academic Affairs (SAA). Submission of a request does not guarathe best of their ability until a withdrawal request has been approved email account for any correspondence relating to the request. An incautomatically denied and considered closed. Decisions may take up	antee approval. Students should continue to attend all classes to . It is the student's responsibility to continue to access their Mason complete request with no student contact for 30 days will be	
I have read and will comply with the rules, regulations, requirements, the above and any accompanying information is accurate and not in	, and academic policies of the College and University. I certify that	
Student Signature	 Date	