



Graduate Course Late Withdrawal Form

Last Name: _____ First Name: _____

G Number: _____ Email Address: _____

Graduate Degree Program: _____

Graduate Advisor's Name: _____

Semester and Year requesting late withdrawal: _____

Reason for withdrawal:

COURSES TO BE DROPPED:

Course ID (e.g.: ACC 611)	Section Number (e.g.: 01, 02)	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 Decision

- () Approved
- () Not Approved

Graduate Program Director Signature

The Graduate School Decision

- () Approved
- () Not Approved

Associate Vice-Provost for the Graduate School Signature

DO NOT WRITE BELOW

- Grant Loan Scholarship Graduate Assistant Housing

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

Please email the completed form to: bergerut@gvsu.edu

Updated 8-1-22 TLB