

Program Withdraw Request

Student's Name: _____ Student ID#: _____

Degree Program: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____ Email: _____

I am requesting a program withdraw

Notification Date: _____ Effective Date: _____

Reason for this request: _____

REQUIRED - Please initial and sign below confirming you have read the following information:

_____ I understand that my Program Withdraw will be granted from the Graduate School of Theology as of the effective date listed above. In order for me to return, I will have to apply for re-admission and will be subject to catalog requirements at time of return.

_____ I understand that I will be responsible for any changes related to my program requirements.

_____ I understand my course schedule may change based on the availability of courses upon my return.

_____ I understand my financial aid and payment schedule may be affected by my program withdraw.

_____/_____/_____
Signature of Student **Date**

I understand that my financial aid and student account may be affected by my leave of absence/program withdraw. I understand that I should consult with Student Financial Services to understand the impact of my leave of absence/program withdraw on my financial aid or student account.

_____/_____/_____
GST/GTU Librarian – Circulation Desk **Date**

GST Academic Approvals:

Advisor Date

Academic Dean Date