PURPOSE:

Voluntary Withdrawal of a student from a Graduate Program.

STATUS CHANGE:

Once processed, the student’s status will be changed from Graduate to Non Degree Seeking. Please contact the Office of the Registrar for additional information at (813) 974-2000. A change to Non Degree Seeking status could adversely impact financial aid. Questions regarding this should be directed to the Financial Aid Department at (813) 974-4700. The student will remain financially and academically responsible for any course they have registered for. The student may complete a GRADUATE PETITION to drop or delete courses they are registered for. The petition can be found at the following link http://www.grad.usf.edu/forms/

IMPORTANT: A VOLUNTARY WITHDRAWAL cannot be retroactive. The EFFECTIVE DATE will be entered into the student’s record by the Office of the Registrar as the first business day after the end of the semester.

INSTRUCTIONS:

1) The form is originated and signed in the Office of the Program Director / Coordinator and is forwarded to the College Dean / Graduate Coordinator for consideration and recommendations.

2) Voluntary Withdrawal of a student requires written verification from the student indicating the desire to withdraw from the program. Written verification can be in letter or e-mail form.

3) The college sends the original form and attachments to the Dean of Graduate School for consideration.

4) The Dean of Graduate School will make a final decision. If voluntary withdrawal is approved, a letter of approval will be sent to the student by the Dean of Graduate School. A copy of the form and attachments will be retained in the Graduate School. The Original form will be forwarded to the Office of the Registrar.

5) The Office of the Registrar will process the form and send a copy of the completed form to the appropriate department and college.

INFORMATION FOR THE OFFICE OF THE REGISTRAR:

The EFFECTIVE DATE of the VOLUNTARY WITHDRAWAL will be as following:

1) EFFECTIVE DATE:

   Will be entered into the student record as:

   The FIRST BUSINESS DAY after the END OF THE SEMESTER that the voluntary withdrawal is requested.
Graduate Voluntary Withdrawal Form

TO:  THE GRADUATE SCHOOL

FROM:
Program:
Program Director / Coordinator Signature: ______________ Date: ____________

College: College Dean / Graduate Coordinator Signature: ______________ Date: ____________

THE FOLLOWING STUDENT IS REQUESTING TO VOLUNTARILY WITHDRAW FROM HIS/HER PROGRAM. ALL RELEVANT DOCUMENTS INCLUDING A LETTER OF REQUEST FROM THE STUDENT ARE ATTACHED.

Last Name: __________________________ First Name: __________________ Signature: __________________ U. I.D. #: __________________

Street: __________________________ City: __________________ State: ______ Zip Code: ______

Masters Student: ______ Doctoral Student: ______

Dual Degree enrolled? __ Yes __ No

Five Year Program enrolled? __ Yes __ No

IMPORTANT: Withdrawal cannot be retroactive. The EFFECTIVE DATE will be entered into the student’s record by the Office of the Registrar as the first business day after the end of the semester. The student will remain financially and academically responsible for any course they have registered for in the semester they are withdrawing from. The student may complete a GRADUATE PETITION to drop or delete the course or courses they are registered for. The petition can be found at the following link http://www.grad.usf.edu/forms/

WARNING!!!! – The approval of this petition does NOT automatically withdraw the student from their courses. This must be done through OASIS or with the appropriate petition.

BRIEF JUSTIFICATION: __________________________

TO: UNIVERSITY REGISTRAR
The recommended action concerning this student is approved and the appropriate records should be posted.

Dean of Graduate School: __________________________ Date: ____________

REGISTRAR’S ACTION: (Please check the actions taken and note the effective date)

_____ General Student Record, Student Attribute and Comment Form updated to Non Degree status.

_____ Effective Date for the VOLUNTARY WITHDRAWAL (First business day after the end of the semester) Date: ____________

_____ Financial Aid Notified

Processor Signature: __________________________ Date: ____________

UPDATED 10/2012

ORIGINAL TO REGISTRAR COPY TO PROGRAM, COLLEGE, GRADUATE SCHOOL