

## SCHOOL OF GRADUATE STUDIES

VISITING GRADUATE STUDENT COURSE WITHDRAWAL FORM

In the event of withdrawal from one or more course(s) at the host university, the student must complete this form and return it to Nipissing University's School of Graduate Studies at <a href="mailto:sgs@nipissingu.ca">sgs@nipissingu.ca</a> or in person.

Failure to submit this form prior to the last date for withdrawal from courses published in the Host University's Graduate Calendar may result in a failing grade on the record for the course(s).

Last Name: First Name		me:	Studer	Student ID:				
Degree: Host Univ		iversity:	Host U	Iost University Department:				
Email:			Teleph	elephone:				
Mailing Address:								
Course Number Title				Credit Value (Host University) Session(s)				
			Half	Full	Fall	Winter	Summer	
Reason for Withdrawal:								
		of Graduate Studies, Nipissing Juate Program Coordinator/Ch						
course(s) dropped by the		versity, will not be recorded or			ity studer			
Student's Signature*:					Date:			
NU Supervisor/Faculty A	Advisor (Print):	Signature:			Date:			
NU Graduate Program Coordinator/Chair (Print):		Signature:			Date:			
NU Associate Dean, Graduate Studies (Print):		Signature:	Signature:			Date:		

For more information about this form and the OVGS program policy and procedure, please review the OVGS program web page.

Please submit the completed form and any supporting documentation to the School of Graduate Studies at sgs@nipissingu.ca