Office of the University Registrar
Student Union 1, Room 2101
4400 University Drive, MS 3D1
Fairfax, VA 22030
(703) 993-2441, Fax (703) 993-4668
Email: regsite@gmu.edu

VOLUNTARY RESIGNATION FROM GRADUATE ACADEMIC PROGRAM

Name _____
Last First MI GNumber

Mason E-mail _____ Phone _____

Degree Program: _____/_____
Degree (MS, PhD, CERG etc.) Program Title

I am applying for resignation from my academic program for the _____/_____ semester because
Semester Year

_____

_____

_____ _____
Student's Signature Date

Permission to resign will be granted only when this application is signed by the officials indicated below and processed by the Office of the University Registrar. If filed after the last day to drop but prior to the last day of classes, students will be withdrawn from all coursework in progress and a grade of 'W' will appear on the academic transcript. All approved resignations create the following notation on the student's transcript: "Voluntary Resignation from Academic Program [effective date]".

Program Use only:

Should the student be withdrawn from his/her classes? Yes or No

Is there another program that should remain on the student's record? Yes or No

If yes, what program? _____/_____
Degree (MS, PhD, CERG etc.) Program Title

_____ _____
Department Chair/Director of Department or Program Date

_____ _____
Asst/Assoc Dean Date

_____ _____
Student Accounts Date

Registrar's Initials: _____/_____