

Office of the University Registrar 4400 University Drive, MS 3D1 Fairfax, VA 22030 (703) 993-2000 | Email: <u>regsite@gmu.edu</u>

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 prog	gram for the _	/ Semester Year	semester because:
Student's Signature		Date		
 Academic Program [effectiv Students who have been gr degree program or non-deg If, as part of this timing of t academic affairs team do so 	ranted a resignation will no gree status in a different pr his request, you need to w	rogram.		unless admitted to another Irse, please contact your
<u>Program Use only</u> :				
Is there another program that If yes, what program?				
	Degree (MS, PhD, CERG etc.)		Program Title	
Department Chair/Director c	of Department or Program	m	Date	_
Asst/Assoc Dean			Date	