



TO BE COMPLETED BY THE STUDENT

Last Name:	First Name:
AU ID Number:	Email Address:
Current Program:	Phone Number:

Rationale and comments for Program Withdrawal:

[Empty box for rationale and comments]

- I understand that by submitting this form, I **will be withdrawn from my graduate studies program at Athabasca University** in good standing. If I wish to reapply, I understand that I must complete the application process for a new application for admission.
- I understand that I **must also submit a course withdrawal form** to remove myself from any current/upcoming courses for which I am registered.
- I further confirm that I have **reviewed all applicable program regulations** on the AU website prior to submitting this form.
- If you are currently in a **clinical or practicum course**, or you have submitted a Typhon Request Form(s) for an upcoming placement, please send an email (not this form) to the appropriate area:
Nurse Practitioner: fhdyphonadmin@athabascau.ca or Counselling: gcappracticumadmin@athabascau.ca
Once you advise them of your withdrawal, they will ensure your Typhon information is updated.

Student Signature

Date

Please submit your completed form or any questions to the applicable program office at:

NURSING & HEALTH STUDIES PROGRAMS
Email: cnhsgrad@athabascau.ca

OR

COUNSELLING PROGRAMS
Email: gcapadmin@athabascau.ca

FOR OFFICE USE ONLY:

Records Updated

Signature

Date