# GRADUATE STUDENT PROGRAM WITHDRAWAL FORM

## SGS 027

**DIRECTIONS**

Students who wish to withdraw from graduate program must complete this form, acquire the correct signatures and return to Registrar's office AS201

**STUDENT INFORMATION**

First Name _____Middle Name _____ Last Name _____

ID Number A000_____ AUN E-Mail _____@aun.edu.ng

Mobile Numbers i _____ ii _____

School _____ Semester/Year _____

CGPA _____

**CONTACT INFORMATION**

Home Phone _____

Personal Email_____

Home Address _____

_____

**WITHDRAWAL DETAILS**

Semester of Withdrawal: Fall ☐ Spring ☐ Summer ☐ Year 20 _____

**REASON FOR WITHDRAWAL** _____

_____

**RETURN PLANS**

Do you wish to return to AUN? Yes ☐ No ☐

Semester of Return: Fall ☐ Spring ☐ Summer ☐ Year 20 _____

Student's Signature _____

School Dean's Signature _____

Graduate School Dean's Signature _____

Bursar's Signature _____

Registrar's signature _____

**OFFICIAL USE ONLY**

Filed in Student Folder ☐

Graduate School Notified ☐

Name _____ Signature _____ Date _____

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