



# BROWN Graduate School *Forms*

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## WITHDRAWAL REQUEST

### STUDENT INFORMATION

NAME: \_\_\_\_\_ PROGRAM/DEGREE: \_\_\_\_\_

ID#: \_\_\_\_\_ ENTRY YEAR: \_\_\_\_\_ U.S. CITIZENSHIP Y \*N Perm Res

MAILING ADDRESS AFTER WITHDRAWAL:

*\*All international students must get the approval of the Office of International Student and Scholar Services.*

I REQUEST A WITHDRAWAL FROM THE GRADUATE SCHOOL

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Graduate Study

\_\_\_\_\_  
Date

\_\_\_\_\_  
\* Office of International Student and Scholar Services (international students only)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office of Financial Aid (students with loans only)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate School

\_\_\_\_\_  
Date