



University of Guelph

Ontario Visiting Graduate Student Application Notification of Withdrawal

Student Name: _____ Student ID: _____
Date of Birth: _____ U of G email: _____
Street Address: _____
City: _____ Postal Code: _____

In the event of withdrawal from a course (or courses) at the Host University, the student must complete this form in duplicate and send:

- One copy to the Dean of Graduate Studies at the Host University
- One copy to the Dean of Graduate Studies at the University of Guelph

Failure to submit this form prior to the last date for withdrawal from courses published in the Host University Graduate Calendar may result in a failing grade on the record for the course(s).

Host University and Department: _____

Course Dropped:

Course Number	Course Title	Term Registered
_____	_____	_____

Reason for Withdrawal:

Student Signature: _____ **Date:** _____

On receipt of this form the Graduate Dean of the Home University and the Host University is to send copies to the Department Chair concerned. A grade of "withdrawn" or similar grade should be reported b the Graduate Dean of both universities.