

MEREDITH COLLEGE
3800 Hillsborough Street
Raleigh, NC 27607

GRADUATE STUDENT WITHDRAWAL FORM

FULL NAME _____ ID # _____

PERMANENT ADDRESS _____

(List forwarding address if you are moving)

Home Phone No. _____ Work Phone No. _____

Email _____

I entered Meredith through the Graduate Studies Office in _____ (month/year) in the
Master of _____ program.

Are you enrolled in classes this semester? _____

Were you enrolled in classes last semester? _____

I wish to withdraw from school as of _____ (last day of class attendance)

Remember: you must be in good social, financial and academic standing to receive grades and transcripts from Meredith College.

Student Signature _____ Date _____

\$ G Y L V R U ¶ V 6 L J Q D W X U H _____ Date _____

The single major reason I am withdrawing from Meredith College is: