

## WITHDRAWAL FORM

(See ga.rice.edu, "Leaves, Interruptions of Study and Withdrawal")

Department Effecti	ve Date of Withdrawal:
Student Name	
Student ID #	
☐ The REQUIRED written request from the student is at	tached to the form (an e-mail is acceptable
1. Is the student currently registered? $\square$ Yes $\square$ No	
2. Is the student receiving a salary/stipend? ☐ Yes ☐	□No
<ul> <li>If yes, has a termination been completed throu</li> <li>☐ Yes ☐ No</li> </ul>	ugh HCM for an RA/TA or a Fellow stipend?
3. If this is an international student, has OISS been c	onsulted? □ Yes □ No
Department Contact:	Phone Ext
Acknowledged by Chair:	DATE:
Approved by OISS:	DATE:
Received by GPS (initials)	DATE:
"I understand that I am no longer a Rice Student and (ga.rice.edu, 'Leaves, Interruptions of Study and Withdra	
Student Signature:	