WITHDRAWAL FORM

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

Department ___________________________ Effective Date of Withdrawal: __________

Student Name ____________________________

Student ID # ________________

☐ The REQUIRED written request from the student is attached to the form (an e-mail is acceptable)

1. Is the student currently registered? ☐ Yes ☐ No

2. Is the student receiving a salary/stipend? ☐ Yes ☐ No

   • If yes, has a termination been completed through HCM for an RA/TA or a Fellow stipend? ☐ Yes ☐ No

3. If this is an international student, has OISS been consulted? ☐ 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 must petition for readmission."
(ga.rice.edu, 'Leaves, Interruptions of Study and Withdrawal,' 'Nonenrollment Restrictions')

Student Signature: ____________________________

(an email is acceptable)

RETURN TO GRADUATE COORDINATOR FOR SUBMISSION

Revised August 2021