



GRADUATE VOLUNTARY WITHDRAWAL FORM

UNIVERSITY OF SOUTH FLORIDA

OFFICE OF GRADUATE STUDIES

Website: www.usf.edu/graduatestudies/aboutus/contactus.aspx

PURPOSE

Voluntary Withdrawal of a student from a Graduate Major.

STATUS CHANGE

Once processed, the student's status will be changed from Graduate to Inactive Status. Please contact the Office of the Registrar for additional information at https://www.usf.edu/registrar/faq/contact_us.aspx

A change to Inactive status could adversely affect financial aid. Questions regarding this should be directed to the Financial

[studies/forms.aspx](http://www.usf.edu/graduatestudies/forms.aspx)

IMPORTANT: A VOLUNTARY WITHDRAWAL cannot be retroactive. The EFFECTIVE DATE will be entered into the record by the Office of the Registrar as the first business day after the end of the semester.

INSTRUCTIONS

1. The form is originated from and signed by the Graduate Director and is forwarded to the College Dean/Designee for consideration and recommendation. For assistance, please go to the Graduate Major Contact Information site: http://www.grad.usf.edu/programs/search_all.php
2. Voluntary Withdrawal of a student requires written verification from the student indicating the desire to withdraw from the program. Written verification may be in letter or email form.
3. **INTERNATIONAL STUDENTS** Students with an F1 visa must submit this form to OIS via email. Obtain their signature. DO NOT PROCEED WITH THIS WRITTEN REQUEST unless you have obtained the OIS signature on your form. Information OIS is available at <https://www.usf.edu/world/international-services/about-us/contactus>
4. **OIS ADVISOR** A written approval letter on letterhead from OIS may be attached to the petition if special circumstances are to be considered.
- 5.

The Effective Date of the Voluntary Withdrawal will be as follows:

- Effective Date will be entered into the student record as the first business day after the end of the semester that the voluntary withdraw is approved.



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International Student? Yes No OIS Approval Signature: _____
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To:	Office of Graduate Studies		
From:	Major	Graduate Director/Designee Signature	Date
	College	College Dean/Designee Signature	Date

The following student is requesting to voluntarily withdrawal from their program. All relevant documents including a Letter of Request from the student are attached.

STUDENT INFORMATION		
Last Name	First Name	USF ID#
Email	Phone Number	
Student Signature	Date	

<input type="checkbox"/> Master's Student	Concurrent Degree Enrolled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Doctoral Student	Bachelor's/Master's Pathway Enrolled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

IMPORTANT Withdrawal cannot be retroactive. The effective date will be entered into the student's record by the Office of the Registrar as the first business day after the end of the semester. The student will remain financially and academically responsible for any courses they have registered for in the semester they are withdrawing from. The student may complete a Graduate Studies Petition to withdraw from the course or courses for which they are registered. The petition can be found at the following link: <http://www.usf.edu/graduate-studies/forms.aspx>

WARNING! The approval of this form/request does NOT automatically withdraw the student from their courses. This must be done through OASIS or with the appropriate petition.

Brief Justification:

OFFICE OF GRADUATE STUDIES APPROVAL	
To:	Office of the Registrar
The recommended action concerning this student is approved and the appropriate records should be updated.	
Graduate Studies Associate Dean/Designee Signature	Date

OFFICE OF THE REGISTRAR'S ACTION	
Please check the actions taken and note effective dates.	Date
<input type="checkbox"/> General Student Record, Student Attribute, and Comment Form updated to Inactive status.	
<input type="checkbox"/> Effective Date for the VOLUNTARY WITHDRAWAL (first business day after the end of the semester)	
<input type="checkbox"/> Office of Financial Aid Services Notified	

Processed by:	Name	Signature	Date