

WITHDRAWING FROM A PROGRAM OFFERED THROUGH CONTINUING
EDUCATION IN THE GRADUATE SCHOOL OF EDUCATION AT PSU

General information

Name _____ Student ID _____

Address _____

Day phone _____ Email _____

Program admitted to _____

Advisor _____

Notice of withdrawal

I am withdrawing from the _____ program

effective _____, _____. If I decide to return to the program, I
(quarter) (year)

understand that I may need to reapply for admission.

Reason for withdrawal from the program:

Student signature

Date

Please sign and return this form to: Continuing Education/Graduate School of Education,
PO Box 751, Portland, Oregon 97201-0751

Office use only

____ Programmer

____ Advisor