Athabasca University
FACULTY OF HEALTH DISCIPLINES

GRADUATE PROGRAMS

Course/Program Withdrawal Form

TO BE COMPLETED BY THE STUDENT			
Last Name:		First Name:	
AU ID Number:		Email Address:	
Phone Number:		Program:	

Please complete all **applicable** sections, sign, and submit as below. If you are withdrawing from courses but remaining in your program, **do not complete section B**.

A. Course Withdrawal

Please withdrawal my registrations for the following course(s):

Course 1:		Instructor:		Term:	
Course 2:		Instructor:		Term:	
Course 3:		Instructor:		Term:	
Course 4:		Instructor:		Term:	

B. Program Withdrawal

Rationale and comments for Program Withdrawal:

I understand that:

- ☐ I am choosing to withdraw from my graduate studies program at Athabasca University in good standing, and that if I wish to reapply, **I am required to complete the entire application process**.
- ☐ I am required to review all applicable regulations on the AU website prior to submitting this form.
- ☐ I have the option of reaching out to the Program Advisors to explore a Deferral (up to a 1-year leave from my program) but choose not to pursue this route.
- ☐ If I have begun work with practicum/clinical courses or site set-up, I am responsible for contacting the Practicum Administrator to alert them to the withdrawal **prior to submitting this form**.

C. Signature (Required)

_____ _____

Student Signature Date

Please submit this form along with any questions to the Graduate Administrative Assistant.

The personal information collected on this form will be used for the purpose of processing your withdrawal request and is collected under the authority of section 33 (c) of the Alberta Freedom of Information and Privacy Act. If you have any questions about the collection and use of this information, contact the Faculty of Health Disciplines, Athabasca University, 1 University Drive, Athabasca, AB T9S 3A3.

Updated: 11/26/2025