

TO BE COMPLETED BY THE STUDENT	
Last Name:	First Name:
AU ID Number:	Email Address:
Current Program:	Phone Number:
Rationale and comments for Program Withdrawal:	

- I understand that by submitting this form, I will be withdrawn from my graduate studies program at Athabasca University in good standing. If I wish to reapply, I understand that I must complete the application process for a new application for admission.
- I understand that I must also submit a course withdrawal form with this document to remove myself from any current/upcoming courses for which I am registered.
- I further confirm that I have **reviewed all applicable program regulations** on the AU website prior to submitting this form.
- If you are currently in a clinical or practicum course, or you have submitted a Typhon Request Form(s) for an upcoming placement, please send an email (not this form) to fhdgradpracticum@athabascau.ca.
 Once you advise them of your withdrawal, they will ensure your Typhon information is updated.

Student Signature

Date

Please direct your completed form and any questions you may have to fhdgradadmin@athabascau.ca.

FOR OFFICE USE ONLY:

Records Updated

Signature

Date

The personal information collected on this form will be used for the purpose of processing your withdrawal request and is collected under the aauthority 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: 13Sep2024