

REQUIRED TO WITHDRAW FROM GRADUATE PROGRAM FOR NON-REGISTRATION

STUDENT INFORMATION:			Student Number:	
Given Name:		Family Name:		
Address: PLEASE ENSURE ADDRESS IN THE SSC IS CURRENT.				
Email:	Degree (e.g. PhD):		Program:	
		•		
Please withdraw student from:	in Degree Gra		duate Program	
Requested Date of Withdrawal: (yyyy/mm/dd)				
Please see <u>http://www.grad.ubc.ca/current-students/managing-your-program/withdrawal-non-registration</u> for additional				
information on withdrawal for non-registration.				
Date of last registration (e.g. 2013, Winter, Term 1): (yyyy/mm/dd)				
Date of last known contact with student: (yyyy/mm/dd)				
Failure to register for two consecutive terms may result in the student being required to withdraw. The program must make reasonable attempts to contact the student by e-mail, regular mail, and registered mail, and must attach documentation of these attempts to this form.				
Copy of e-mail(s) sent to student are attached.				
Copy of letters and registered letter(s) sent to student are attached.				
Memo confirming that the student has not been registered and has not been in attendance is attached.				
Comments:				
Approval of Supervisor:				
Signature Na	me (please print)		Program	Date (yyyy/mm/dd)
Approval of Graduate Advisor or Head of the Graduate Program:				
Signature (must be different from above) Nam	me (must be different fi	rom above)	Program	Date (yyyy/mm/dd)
Graduate Studies use only:				
Date of Approval	Signature of Assoc	iate Director (SAS) or G-	PS clerk Processed	/ notification sent by G+PS clerk
Scan to graduate.sas@ubc.ca or send form to Graduate and Postdoct	oral Studies	page 1 of 1		last updated: 2023-10-13