

## Visiting Graduate Student Notification of Course(s) Withdrawal

In the event of withdrawal from a course(s) at the host university, the student must complete this form and return to:

## Student Services Front Desk Office, School of Graduate Studies Ground Floor, 63 St. George Street University of Toronto

Note: Failure to submit this form prior to the last date for withdrawal from courses published in the host university Graduate Calendar may result in a failing grade on the record for the course(s).

Last Name:		First Name(s): Stud			Student Nu	ent Number:			
Degree:						Full-time		Part-time	
Current Mailing Address:									
University of Toronto, Graduate Unit:									
Host University, Graduate Unit:									
Course Number	urse Number Title		Credit Value (host university)		Sessions(s)				
			Hali		Full	Fall	Winter	Summer	
Reason for Withdrawal:									
*I understand by signing this form, the Student Services Office, School of Graduate Studies, University of Toronto will send a copy of this form to the host university's graduate school and the graduate unit concerned at the University of Toronto. I acknowledge course(s) dropped by the deadline, of the host university, will not be recorded on my University of Toronto student record.									
Student's Signature*:						Date:			

Freedom of Information and Protection of Privacy Act: www.rosi.utoronto.ca/fippa.php