

## 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:	e: First Name(s): Stu			Student	tudent Number:			
Degree:					Full-time		Part-time	
Current Mailing Addres	s:							
University of Toronto, C	Graduate Unit:							
Host University, Gradua	ate Unit:							
Course Number	Title			Credit Value		Sessions(s)		
			`	(host university)				
			Half	Full	Fall	Winter	Summer	
Reason for Withdrawal:								
*I understand by signin	g this form, th	e Student Services Offic	ce, School of Gradu	ate Studies,	University	of Toronto wi	ll send a copy	
		aduate school and the g						
	he deadline, o	f the host university, will	not be recorded or	n my Univers		to student re	cord.	
Student's Signature*:					Date:			

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