



Student's name _____ PID# _____

Department _____

DGS name _____ Advisor name (optional) _____

NC residency: Resident ___ Non-resident ___ Citizenship: US Citizen ___ Permanent resident ___ US Non-resident ___

Withdrawal request date: _____ Anticipated graduation term _____

Reason for withdrawal: Medical/Personal ___ Academic ___ Financial ___ Military ___ Transfer ___ Other ___

Explain reason:

Do you plan to return to UNC? Yes ___ No ___ Anticipated semester of return _____

Current funding status: Funded by Department ___ Self-funded ___ Other ___

Describe funding needs and circumstances:

Have you explored other funding options? Yes ___ No ___

Describe options explored:

Signatures:

Signature of student

Date

Signature of Director of Graduate Studies

Date

Signature of advisor (optional)

Date



Student's Name _____ PID# _____

This section for use by The Graduate School

Award Type	Current GradStar Award Amount	Cashier Adjusted Charges	Approved Adjusted GradStar Award	Chart field string
Dept Award	\$ _____	\$ _____	\$ _____	
Instate & Tuition	\$ _____	\$ _____	\$ _____	
Fees	\$ _____	\$ _____	\$ _____	
Remission	\$ _____	\$ _____	\$ _____	
Other	\$ _____	\$ _____	\$ _____	
Insurance Coverage Student blue _____ GSHIP _____ Other _____				

Graduate School Student Affairs Consultation with Student

Signature	Date	Notes

Financial Aid Consultation (Office of Scholarships and Student Aid)

Signature	Date	Notes

Exception Request Approved by The Graduate School

Signature	Title	Date