



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