



**GRADUATE STUDIES
COLLEGE WITHDRAWAL FORM**

Date:

Name:

Student Number:

Mailing Address:

Reason for Withdrawal: Personal Medical Financial Other

Student's Signature:

Information:

- 1) Students who withdraw from the college at any time after classes begin must complete this form and return it to the Registrar.
- 2) After two-thirds of the scheduled class time in any given course has been complete, the faculty member may assign a "W" or "WF" grade. You may wish to verify the grade with the Faculty prior to withdrawing.

	Signature	Date
Associate VP of Graduate Studies		
Director of Financial Aid		
Registrar		

Return form to: Registrar, Western State College of Colorado, 600 North Adams Street, Gunnison, CO 81231
Fax to 970-943-2212 OR Scan and e-mail to reg_registrar@western.edu