

In the event of withdrawal from one or more course(s) at the host university, the student must complete this form and return it to Nipissing University's School of Graduate Studies at sgs@nipissingu.ca or in person.

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

| Last Name: | | First Name: | | Student ID: | | | | |
|---|-------|--------------------------------|------------|-----------------------------|--------|--------|--|--|
| Degree: | | Host University: | | Host University Department: | | | | |
| Email: | | | | Telephone: | | | | |
| Mailing Address: | | | | | | | | |
| Course Number | Title | Credit Value (Host University) | | Session(s) | | | | |
| | | Half | Full | Fall | Winter | Summer | | |
| | | | | | | | | |
| | | | | | | | | |
| Reason for Withdrawal: | | | | | | | | |
| I understand by signing this form that the School of Graduate Studies, Nipissing University will send a copy of this form to the Host University's graduate school and to the Program Coordinator/Chair at Nipissing University. I acknowledge course(s) dropped by the deadline, of the host university, will not be recorded on my Nipissing University student record. | | | | | | | | |
| Student's Signature*: | | | | | | Date: | | |
| NU Supervisor/Faculty Advisor (Print): | | | Signature: | | | Date: | | |
| NU Graduate Program Chair/Coordinator (Print): | | | Signature: | | | Date: | | |
| NU Dean, Graduate Studies/Research (Print): | | | Signature: | | | Date: | | |

For more information about this form and the OVGS program policy and procedure, please review the [OVGS program web page](#).

Please submit the completed form and any supporting documentation to the School of Graduate Studies at sgs@nipissingu.ca