

College of William and Mary
School of Marine Science/Virginia Institute of Marine Science

WITHDRAWAL FORM

I, _____, am withdrawing from the M.S. / Ph.D. program
of the School of Marine Science as of ____/____/____ (month/date year)
as explained in my exit interviews.

STUDENT'S SIGNATURE: _____ DATE: _____

NOTE: If withdrawal is after the semester begins, the student also must obtain signatures of all instructors of the classes for which he or she is registered (See *Change in Registration Form*)

EXIT INTERVIEW WITH MAJOR PROFESSOR

DATE Signature, Major Professor

Comments if applicable: _____

EXIT INTERVIEW WITH DEPARTMENT CHAIR

DATE Signature, Department Chair

Comments if applicable: _____

EXIT INTERVIEW WITH ASSOCIATE DEAN OF ACADEMIC STUDIES

DATE Signature, Associate Dean of Academic Studies

COMMENTS, if applicable: _____

MAILING ADDRESS, effective until: _____

HOME PHONE: _____
Area Code / Number

City State Zip WORK PHONE: _____
Area Code / Number

SUBMIT FORM TO ASSOCIATE DEAN OF ACADEMIC STUDIES OFFICE
C/O GRADUATE REGISTRAR, WATERMEN'S HALL 253