**Voluntary Withdrawal from Graduate Degree Program Form**

**Indiana University Bloomington, Department of Biology**

This form should be completed only if you wish to withdraw permanently from a graduate degree program. Once this request is approved, you must reapply and be readmitted to Indiana University Bloomington if you wish to resume your graduate enrollment.

**This is not a Leave of Absence form.**

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Program Withdrawal:

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Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Department Use Only:**

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*Graduate Program Director Signature Date*

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*Director of Graduate Studies Signature Date*

COAS Notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Graduate Advisor Signature Date*