



Complete section A or B. Note: A rebate of fees, if applicable, will be determined by the date on which this form is received by the School of Graduate Studies. Please consult the Student Accounts Fee and Refund Schedule for more information.

Name:	Student Number:
Degree:	Session:
Department:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>

A. I withdraw from the program in which I am currently registered.

Reason:		
Student's Signature:		Date:
Chair/Coordinator:	Dept:	Date:

B. I apply for permission to resume the program within the next 12 months (only for degree students in non-thesis programs).

Student's Signature:		Date:
I recommend that this student be eligible to register within the next ___ months (maximum 12).		
Chair/Coordinator:	Dept:	Date:

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admission, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University's Freedom of Information and Protection of Privacy Office at 416 946-7303, Room 201, McMurrich Bldg., 12 Queen's Park Crescent, Toronto, ON, M5S 1A1.