



Student's name _____ PID# _____

Department _____

DGS name _____ Advisor name (optional) _____

NC residency: Resident ____ Non-resident ____ Citizenship: US Citizen ____ Permanent resident ____ US Non-resident ____

Withdrawal request date: _____ Anticipated graduation term _____

Reason for withdrawal: Medical/Personal ____ Academic ____ Financial ____ Military ____ Transfer ____ Other ____

Explain reason:

Do you plan to return to UNC? Yes ____ No ____ Anticipated semester of return _____

Current funding status: Funded by Department ____ Self-funded ____ Other ____

Describe funding needs and circumstances:

Have you explored other funding options? Yes ____ No ____

Describe options explored:

Signatures:

Signature of student

Date

Signature of Director of Graduate Studies

Date

Signature of advisor (optional)

Date



Student's Name _____ PID# _____

This section for use by The Graduate School

Award Type	Current GradStar Award Amount	Cashier Adjusted Charges	Approved Adjusted GradStar Award	Chart field string
Dept Award	\$ _____	\$ _____	\$ _____	
Instate & Tuition	\$ _____	\$ _____	\$ _____	
Fees	\$ _____	\$ _____	\$ _____	
Remission	\$ _____	\$ _____	\$ _____	
Other	\$ _____	\$ _____	\$ _____	
Insurance Coverage Student blue _____ GSHIP _____ Other _____				

Graduate School Student Affairs Consultation with Student

Signature	Date	Notes

Financial Aid Consultation (Office of Scholarships and Student Aid)

Signature	Date	Notes

Exception Request Approved by The Graduate School

Signature	Title	Date