

Withdrawal from PhD Program Registrar's Office Halifax NS B3M 2J6 (902) 457-6117 FAX (902) 457-6498

registration@msvu.ca

Students withdrawing from Mount Saint Vincent University (ceasing to attend classes and not intending to enroll in coursework or compete other elements of the PhD Program) must complete this form, obtain all required signatures, submit the form to the Registrar's Office.

Student ID#	Last Name	First Name(s)		
Apartment/Street		Town/City	Province	Postal Code
Program of Study	()_ Phone Number	Email Address		
If you wish to share w	vith us, we would like to k	know the reason for withdrawa	l:	
Check all that apply a	nd obtain signatures as	required:		
☐ I have discussed	this decision with		Signature of Supervis	or
			PhD Coordinator	<u></u>
I have returned all library books and cleared all library fees.			Signature from Circulation Desk	
Date			Student Signature	
PLEASE NOTE: No real		until this form is received in the	e Registrar's Office and <i>all</i> fin	ancial adjustments
		in two weeks from the signing ents to clear any outstanding		
STUDENT ACCOUN	TS OFFICE:			
Current Account Sh	nows: Cr	edit:	Owing:	
Financial Services Authorization			Date	
REGISTRAR'S OFFI	CE:			
Received & Proces	sed: Date		Initials	