

STUDENT WITHDRAWAL NOTICE

Before completing this form, carefully review the student withdrawal policy at gsas.harvard.edu/registration/withdrawing-gsas

Name (Last, First, Middle Initial):	
HUID:	Email:(for future communication)
Academic Department:	
Effective Date of Withdrawal:	(mm/dd/yyyy)
Reason(s) for withdrawing from the Kenneth C. Griffin Graduate School of Arts and Sciences:	
Student Signature:	Date:

PLEASE RETURN ALL MATERIALS TO:

Office of Student Affairs by email (studaff@fas.harvard.edu) or by mail to:

Office of Student Affairs

The Kenneth C. Griffin Graduate School of Arts and Sciences, Harvard University

1350 Massachusetts Avenue, Suite 350

Cambridge, MA 02138

If you have further questions about this form, please contact the Office of Student Affairs at 617-495-1814 or studaff@fas.harvard.edu.