



HARVARD Kenneth C. Griffin

GRADUATE SCHOOL OF ARTS AND SCIENCES

OFFICE OF ACADEMIC PROGRAMS

STUDENT WITHDRAWAL NOTICE

Before completing this form, carefully review the student withdrawal policy at
<https://gsas.harvard.edu/policy/withdrawing-harvard-griffin-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 Academic Programs by email gsasacademicprograms@fas.harvard.edu

If you have further questions about this form, please contact the Office of Academic Programs at 617-496-1965 or gsasacademicprograms@fas.harvard.edu.