

**WESTERN CONNECICUT STATE UNIVERSITY**  
**Withdrawal/Refund Request**  
**Division of Graduate Studies**  
**Fax: (203) 837-8326**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Student I.D. # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Semester: \_\_\_ Fall \_\_\_ Spring \_\_\_ Intersession \_\_\_ Spring Break \_\_\_ Summer Yr: \_\_\_\_\_

Student Status: \_\_\_ Graduate \_\_\_ Undergraduate

Course(s) to be dropped/withdrawn:

5-DIGIT CODE#	DEPT.	COURSE#	SECTION#	COURSE TITLE	SEM HRS.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Reason for Drop/Withdrawal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

For Office Use Only:

Percentage of Refund \_\_\_\_\_ Amount of Refund \_\_\_\_\_

\_\_\_\_\_  
Date Processed

Graduate Office \_\_\_\_\_  
Signature

09/13/11