

# Off-Campus Education Masters Program



To: The Graduate School

From: \_\_\_\_\_

Date: \_\_\_\_\_

Student I.D.: \_\_\_\_\_

Cohort Program: \_\_\_\_\_ Location \_\_\_\_\_

- Please accept this form as my request to be withdrawn from the graduate cohort program (check all that apply):
  - Remove me from the cohort
  - Drop/withdraw me from any courses I am currently attending
  - Drop me from any courses that have not yet started
  - I plan to stop participating in classes effective (date) \_\_\_\_\_
  - I plan to resume classes (date) \_\_\_\_\_

**Note: University policies related to course withdrawal and refunds apply.**

Reason (optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student signature: \_\_\_\_\_

Fax to: Madonna University  
The Graduate School  
734-432-5862

Mail to: Madonna University  
The Graduate School  
36600 Schoolcraft Rd.  
Livonia, MI 48150