University of Lethbridge
Registrar's Office
4401 University Drive
Lethbridge, Alberta T1K 3M4
Fax: 403-329-5159
Phone: 403-320-5700
regoffice@uleth.ca

FALL/SPRING COMPLETE WITHDRAWAL FORM

University of Lethbridge ID Number:	**Date:**
Last Name:	**First Name:**

I am completely withdrawing from (check all that apply):

☐ Fall 20____ ☐ Spring 20____

HELPFUL TIP:

When you completely withdraw from a term/session, we will automatically withdraw you from all courses that you are registered in for that term/session. No need to withdrawn from the individual courses, too.

GRADUATE STUDENTS - we need a little more information from you. Please check one statement below that best describes your withdrawal, obtain a signature from the Dean of Graduate Studies, and drop this form off at the Lethbridge Registrar's Office (SU140) or the Calgary Campus Office (S6032).

- ○ I'm completely withdrawing from my Graduate Program.
- ○ I'm withdrawing from the term/session(s) indicated above, but am continuing on in my current Graduate Program.
- ○ I'm withdrawing from the term/session(s) indicated above to participate as a Visiting Student elsewhere.

Dean's name	*Dean's signature*	*Date*

DECLARATION

☐ I understand that once I submit this form by the withdrawal deadline, the course(s) above will remain on my academic transcript with a grade of 'W' (withdrawal) and this does not affect my GPA.
To declare Withdrawal with Cause 'WC', please consult with an Academic Advisor or your Supervisor.

Once complete, please save this form and attach it to an email addressed to student.records@uleth.ca from your '@uleth.ca' email address or submit a paper copy to the Lethbridge Registrar's Office (SU140) or the Calgary Campus Office (S6032).

Student signature required if submitting paper copy	*Date*
Advisor signature required if submitting withdrawal with cause	*Date*

The personal information on this form is collected under the authority of the *Post-secondary Learning Act* (Alberta) and the *Freedom of Information and Protection of Privacy Act* (Alberta). Your information will be used for admission, registration, scholarships and awards administration; academic progress monitoring, planning and research; alumni relations; contacting you about University courses and services; and operating other University-related programs. The University of Lethbridge may share and disclose information within the University to carry out its mandate and operations. Specific data will be disclosed to the relevant student associations, and to the federal and provincial governments to meet reporting requirements. For questions on the collection, use and disclosure of this information, please contact the University's FOIP Coordinator at 4401 University Drive West, Lethbridge, AB T1K 3M4; email: foip@uleth.ca; tel: 403-332-4620.

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