



GONZAGA
UNIVERSITY

School of Education

Withdrawal/Deferral Form

_____/_____/_____
Last Name First Name M.I

Date of Birth ____/____/_____
mm dd yy

_____/_____/_____
GU Identification # Date

_____/_____
Semester Year

In case your plans have changes since applying to the Gonzaga University, and you no longer intend to participate, kindly complete and return this notice in the enclosed return addressed envelope.

_____ Please withdraw my name- I will not be able to attend the program.

_____ Please defer my acceptance from the _____ semester to the _____ semester.

(Note: All work accepted toward a master's degree is to be completed within a five-year period from the first semester of graduate-level enrolment, or advanced credit)

Reason for withdrawal/deferral:

- Financial Reasons
- Health Reasons
- Personal Reasons
- Going to another Institution
- Other

Signature

Date

