

**WITHDRAWAL NOTIFICATION**  
**Department of Political Science**

Name:

Date/Semester of Withdrawal:

Approximate Date/Semester of Reapplication:

Explanation of Withdrawal:

Student's Mailing Address while Withdrawn:

Student's Email Address:

Advisor's Comments: Do you agree with the student's withdrawal and readmission plans?

Advisor Signature:

Student Signature:

Note: Final readmission decisions are made by the Department's Graduate Program Chair.  
Please return completed, signed form to the Graduate Administrator in E53-467