To the Graduate School of Social Sciences,

I am a student in the MA/Ph.D. program of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I kindly request that my studies are suspended / registration is canceled.

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| --- | --- |
| Student first and last name |  |
| Student id number |  |
| Reason for registration freeze/cancelation |  |
| Department chair approval |  |
| Date |  |
| Student signature |  |

Note: Please enclose a transcript.