



**Instructions**

Your signed request form may be faxed to 800-838-2581 or mailed to: Registrar, The National Graduate School of Quality Management, 186 Jones Road, Falmouth, MA 02540. Electronic signatures will not be accepted.

**Student Information**

Name (Salutation, First, Middle, Last)		Cohort
Email		NGS Student ID
Street Address		SS#
Street Address 2		Phone
City	State	Zip Code

Please check one of the following:

- Request Withdrawal – Do not intend on completing current course started that has not yet ended
- Request Withdrawal – With request to complete coursework for \_\_\_\_\_ course

Please indicate the reason for your withdrawal from the NGS program for which you are enrolled.

Please check one of the following:

- No intention re-enrolling in the future
- Yes, may re-enroll at another time

You will be notified by email once your withdrawal has been processed. If you have not received an email notice within 10 business days that your withdrawal has been processed, please contact the Registrar at 800-838-2580x129. This change of student status is being recorded on your academic record. Your project sponsor will be notified by NGS of your change in student status. If you have a Federal Stafford Loan, Veteran’s Benefits, and/or other entitlements, the change in status is being reported to appropriate agencies. You are financially responsible for the courses you have attended. Refunds will be made in accord with NGS Catalog & Student Handbook Refund Policy. By signing this box you are withdrawing from NGS program enrollment and remaining courses.

Student Authorization Signature Required	Date (mm/dd/yyyy)
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**For Administrative Office Use Only**

<b>Date Received</b>	<b>Date Processed</b>	<b>Processed By</b>
<b>Date Student Notified</b>		<b>Student Notified By</b>

- Distribution Sign-Off (Check Box)**
- Registrar
  - Financial Aid
  - Bursar
  - Student Services
  - IT
  - Enrollment Management
  - Academic Affairs