



### Collaborative Specialization Withdrawal Form (Internal)

*Use this form to request to withdraw from your collaborative specialization*

#### Student Information

Last Name:	First Name:
Student Number:	Email:
Graduate Unit:	Degree:
Collaborative Specialization Enrolled in:	

#### Rationale for Withdrawal

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#### Approval

Student Signature:	Date:
School of the Environment Graduate Administrator confirmation that this withdrawal request was sent to SGS for processing:	Date:
Additional Notes:	