

Form C10-RESIGNATION FROM THE GRADUATE PROGRAM

Name _____ Student's number _____

Entrance date _____ Degree seeking: ___ M.Sc.; ___ Ph.D.

Type of assistantship: ___ Teaching; ___ Research

Advisor _____

Effective date of resignation _____

Reasons: _____

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Program Coordinator's 's Signature _____ Date _____

Postal address: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

E-mail: (Home) _____ (Work) _____

Current or future workplace and address: _____

