

IUPUI Graduate Office Termination of Purdue Degree Program

Student Last Name:

First Name:

IU ID#:

PU ID#:

Degree Program to Discontinue:

Effective Date of Termination:

Reason for Termination:

Name _____ Date _____
Chair of Research Committee or Student's Advisor

Signature _____ Date _____
Chair of Research Committee or Student's Advisor

Signature _____ Date _____
Associate Dean, University Graduate School

This form should be submitted to the IUPUI Graduate Office through RTS. **Please upload any supporting communication with student.**