

IUPUI Graduate Office Termination of Study

Student Name _____

Univ ID _____

Major _____

Date of Termination _____

Reason for Termination:

Name _____
Chair of Research Committee or Student's Advisor

Date _____

Signature _____
Chair of Research Committee or Student's Advisor

Date _____

Signature _____
Associate Dean, University Graduate School

Date _____

This form should be submitted to the IUPUI Graduate Office, gradrec@iupui.edu, at the time the student leaves the University. (Basic Science Programs must submit this form to the School of Medicine, Graduate Division, MS 207)