



OFFICE OF THE REGISTRAR

Application for Withdrawal from the School

In order to withdraw from Yeshiva University, please complete this form. See your program's academic catalog for more information about Withdrawal.

Student's Name _____ YU ID # _____

Phone _____ Personal Email _____ YU Email _____

Reason for withdrawal:

- | | | |
|---|---|--|
| <input type="checkbox"/> Medical (DR) | <input type="checkbox"/> Personal/Family (PR) | <input type="checkbox"/> Other Reason (OT) |
| <input type="checkbox"/> Military Foreign (MF) | <input type="checkbox"/> Need to Work (WK) | _____ |
| <input type="checkbox"/> Military Domestic (MD) | <input type="checkbox"/> Transfer (TR) | |
| <input type="checkbox"/> Move to Israel (AL) | _____ | |
| <input type="checkbox"/> Move to Elsewhere (MV) | (school, location) | |

I am withdrawing from YU as of: Summer 20____ Fall 20____ Spring 20____ Never Attended
I am currently registered for courses in the above semester? Yes No (do not use this form. contact admissions)

I am enrolled in more than one program at YU:
School(s) from which leave is requested (check all that apply)

- Undergraduate: KATZ SCW SSSB YC
- Graduate: AGS BRG CSL FGS FISH KATZ RIETS SCW SSSB
 WSSW

Important notices:

- All registered courses will be dropped in accordance with the academic calendar in effect and may have an impact on your transcript and on billing.
- If you submit this form after the withdrawal period, you will be assigned a letter grade that reflects your achievements in any registered courses.
- A "W" grade is not counted in the cumulative grade point average.

Financial implications:

- Withdrawal from any course could result in a change of scholarship or financial aid.
- Please consult with Student Finance, if necessary.

I am withdrawing from Yeshiva University, effective the date this form is submitted to the designated office.

Last date of attendance _____

Student's Signature _____ Date _____

FOR OFFICE USE ONLY

DEAN/PROGRAM DIRECTOR

Comments _____
Signature _____ Date _____

STUDENT AFFAIRS

Comments _____
Signature _____ Date _____

OFFICE OF THE REGISTRAR

Processed by _____ Date _____

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Brookdale Center: 55 Fifth Avenue, C1040, New York, NY 10003 | P: 646.592.6280 | F: 212.790.0341 | E: cardozoregistrar@yu.edu
Resnick Campus: 1165 Morris Park Avenue, Bronx, NY 10461 | P: 646.592.4515 | F: 718.430.3960 | E: resnickregistrar@yu.edu
Wilf Campus: 500 West 185 Street, Room 114, New York, NY 10033 | P: 646.592.6270 | F: 212.960.0004 | E: wilfregistrar@yu.edu