



OFFICE OF THE REGISTRAR

Application for Withdrawal from the School

Student's Name _____ YU ID # _____

Mailing Address _____

Phone _____ Email _____

I wish to withdraw from the following school(s)

Undergraduate: IBC JSS MYP SBMP KATZ SCW SSSB YC

Graduate: AGS BRG CSL FGS KATZ RIETS SCW SSSB WSSW

I am leaving the school(s) listed above as of the Fall 20____ Spring 20____ semester

I am registered for courses for the above semester Yes No

I plan to return Yes No

Reason for withdrawal: _____

Student's Signature _____ Date _____

Student obtains signature from Dean, Advisor, or Program Director and then submits to the Registrar's Office for processing.

School I from which student is withdrawing _____

School II from which student is withdrawing _____

Comments _____

Dean/Advisor/Program Director Signature _____ Date _____

Student Signature _____ Date _____

FOR OFFICE USE ONLY

STUDENT AFFAIRS

Comments _____

Signature _____ Date _____

OFFICE OF THE REGISTRAR Processed by _____ Date _____

Beren Campus: 215 Lexington Avenue, 6th Floor, New York, NY 10016 | P: 646.592.4180 | F: 212.340.7837 | E: berenregistrar@yu.edu
Brookdale Center: 55 Fifth Avenue, C1040, New York, NY 10003 | P: 646.592.6280 | F: 212.790.0341 | E: brookdaleregistrar@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