



# Yeshiva University

## OFFICE OF THE REGISTRAR • BEREN & WILF CAMPUS

Beren: 215 Lexington Avenue, 6th Floor | New York, New York 10016 | Phone 212 340 7777 | Fax 212 340 7837 | E-mail [berenregistrar@yu.edu](mailto:berenregistrar@yu.edu)  
 Wilf: 500 West 185th Street, Rm 114 | New York, New York 10033 | Phone 212 960 5274 | Fax 212 960 0004 | E-mail [wilfregistrar@yu.edu](mailto:wilfregistrar@yu.edu)

### 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     SCW     SSSB     YC

Graduate:          AGS     BRG     WSS     SCW     SSSB

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: \_\_\_\_\_

#### For Office Use Only

#### Office of the Dean:

*School I from which student is withdrawing*

Comments: \_\_\_\_\_

Signature of Dean: \_\_\_\_\_ Date: \_\_\_\_\_

*School II from which student is withdrawing*

Comments: \_\_\_\_\_

Signature of Dean: \_\_\_\_\_ Date: \_\_\_\_\_

***Dean submits form to the Registrar to be sent to Student Affairs.***

#### Student Affairs:

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Student Affairs submits form to the Registrar to be processed.***

#### Office of the Registrar:

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_