

OFFICE OF THE REGISTRAR BE

BEREN & WILF CAMPUS

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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	Other		
Graduate:	AGS	BRG	WSS	SCW	SSSB	Other				
I am leaving the school(s) listed above as of the					Fall 20	Spring	g 20	_ semester		
I am registered for courses for the above semester					Yes No					
I plan to return				Y	Yes No					
Reason for withdra	awal:									