



OFFICE OF THE REGISTRAR 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 20\_\_\_\_ semester

I am registered for courses for the above semester Yes No

I plan to return Yes No

Reason for withdrawal: \_\_\_\_\_