

The Graduate School and University Center
of The City University of New York

Office of the Registrar
The Graduate Center: 365 Fifth Avenue, New York, NY 10016

Request for Withdrawal

To the Executive Officer: After completing this form, please return the set (3 copies) to the Registrar's Office for circulation. Upon approval, a copy will be forwarded to your office for your records.

- Ph.D.**
 M.A. Program in

			Date
Student's Name			
	First	Middle/(Maiden)	Last
Student's I.D. number	- -	Date of Birth	/ /
			Month Day Year
Student's Address			Telephone
Number and Street			(Area Code)
City or Borough			State
			Zip Code
Effective Date of Requested Withdrawal			/ /
			Month Day Year

An exit interview with the Financial Aid Officer is required for a student in the Perkins/Direct Student Loan Program who wishes to withdraw.

Reasons for Requested Withdrawal (accompanied by copies of supporting documents)

Approval of Executive Officer

	Date
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Please note that the approval of the Executive Officer does not *ipso facto* signify that the withdrawal has been granted. Clearance must be obtained from the Director of Financial Aid, the Director of the Office of International Students, the Director of Residence Life, the Librarian, the Bursar, and the Business Office before the withdrawal can become effective.

Circulation Dates

Please sign this request for a Withdrawal and forward to the next person listed below. When all actions are completed, return both copies to the Registrar's Office. It is necessary when denying clearance to attach an explanation. Thank you for your assistance.

<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared	Signature of Director of Financial Aid	Date
<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared	Signature of Director of the Office of International Students	Date
<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared	Signature of Director of Residence Life	Date
<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared	Signature of Librarian	Date
<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared	Signature of Bursar	Date
<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared	Signature from the Business Office	Date

For office use only

345-202-(7/89)

Date approved	Fomi	Class	Admitted
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