



### Student Withdrawal Form

Name ( <i>Current Name on SB Records</i> )	SBU ID # ( <i>not Social Security</i> )	Request for Semester/Year (Circle one)		
SBU E-mail Address	Phone	Fall	Spring	Summer 20__
		Department/Program		

**Please Note:** If you intend on returning at a later time (a semester or a year) then please make sure that you request an *official leave of absence* from you program. If you fail to submit the leave of absence form to your program in a timely fashion, then you will be responsible for paying the \$500 *readmission fee*, for being on an unofficial leave of absence, once you obtain readmission to the program.

- I am completely withdrawing from the program
- I intend on returning to the program in a future semester (est.)    Fall     Spring     Year: \_\_\_\_\_

**Please withdraw me retroactively from all my classes for the \_\_\_\_\_ semester, 20\_\_**

- I hereby petition to be withdrawn from all courses for this semester and have been properly advised regarding financial penalties and academic policies.

I petition to make the above change in my schedule due to the reason stated below. If applicable, I understand that if I withdraw from all of my classes, I will lose my support and financial aid [international students may violate their status]. All students are subject to the current Tuition Liability Schedule on all retroactive dropped/withdrawn courses. Please see Student Accounts for more information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

***Departmental Approval***

Graduate Program Director \_\_\_\_\_ Date \_\_\_\_\_

***International Services Approval (if required)***

International Student Advisor \_\_\_\_\_ Date \_\_\_\_\_

***Graduate School Approval***

- Denied      Reason: \_\_\_\_\_
- Approved      Representative: \_\_\_\_\_ Date \_\_\_\_\_