

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:	hone:E						Email:				
I wish to withdraw	from the	following	school(s))							
Undergraduate:	I BC	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					all 20	Spring	g 20	semester			
I am registered for	courses	for the ab	ove seme	ester Y	es No		-				
I plan to return				Y	es No						
Reason for withdr	awal:										