

Student Withdrawal Form

This petition will not be processed unless student information is complete

Name (Current Name on SB Records)	SBU ID # (not Social Security)	Academic Level (check one) <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G3 <input type="checkbox"/> G4 <input type="checkbox"/> G5
Request for Semester/Year (Circle one) Fall Spring Summer 20____	Department/Program	
E-mail	Phone	Today's Date (mm/dd/yy)

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I hereby petition to be withdrawn from all courses for this semester and have been properly advised regarding financial penalties and academic policies.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. 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 All students are subject to the current Tuition Liability Schedule on all retroactive dropped/withdrawn courses.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 Dean: _____ Date _____