



OFFICE OF THE REGISTRAR BEREN & WILF CAMPUS

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Wilf: 500 West 185th Street, Rm 114 | New York, New York 10033 | Phone 212 960 5274 | Fax 212 960 0004 | E-mail wilfregistrar@yu.edu

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: _____
