

Student Withdrawal Form

Name <i>(Current Name on SB Records)</i>	SBU ID # <i>(not Social Security)</i>	Request for Semester/Year (Circle one) Fall Spring Summer 20_____
SBU E-mail Address	Phone	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- I hereby petition to be withdrawn from all courses for this semester and have been properly advised regarding financial penalties and academic policies.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 All students are subject to the current Tuition Liability Schedule on all retroactive dropped/withdrawn courses.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/SPD Approval

- Denied** **Reason:** _____
- Approved** **Representative:** _____ **Date** _____

Graduate School: 2401 Computer Science Bldg.
 School of Professional Development: 2321 Computer Science Bldg.