## SETON HALL UNIVERSITY Office of the Registrar REQUEST FOR WITHDRAWAL – GRADUATE STUDENTS

Name	SHU ID			
Address				
Street	City	y	State	Zip
Phone	Alternate Ema	ail		
Major	School			
I entered SHU inMonth/ye		ident. I wish to withd	raw as of	nth/day/year
Last date of attendance:				
TYPE OF WITHDRAWAL: Pl ( ) Temporary I am applying for a leave ( ) Permanent	of absence from Seton	Hall from		
I am permanently withdi	rawing from Seton Hall.			
REASON FOR WITHDRAWA  ( ) Medical – Documentatio Hall, Seton Hall Universi reason in general terms, requiring a withdrawal, a Documentation must be	n from treating medicality, South Orange, NJ 0 the date of onset and in and confirmation that t	7079. The documents nclusive dates of the i he withdrawal is requ	ation must specillness/condition aired by the illness	cify the medical on that is
( ) Other – For all other reas school/college's Academi			ng this form fir	est to your
NOTE: Withdrawal requests of the semester for grade o timeframe, withdrawal requ	f WD to be assigned. F	for courses that follo	ow a non-tradit	tional
Students should determine submitting this request.	any potential tuition	and/or financial aid	l implications	before
International students showithdrawal options.	uld consult with the O	Office of Internationa	al Programs reș	garding
( ) Clearance of the Academic	c Dean is needed to qua	lify for readmission.		
( ) Clearance of the Registrar	is needed to qualify for	readmission.		
Student Signature	 Date	Academic Dean's		
 Registrar	Date			
CODED: Exit code:	Date:	Reason code:	·	oy

For questions or concerns, please contact the Office of the Registrar at 973-761-9374.