SETON HALL UNIVERSITY.

Office of the Registrar REQUEST FOR WITHDRAWAL - UNDERGRADUATE STUDENTS

Name	SHU ID				
Address					
Street	City	State	Zip		
Home Phone	Are you a reside	ent student?	_		
Cell Phone Al	ternate Email				
Major	School				
I entered SHU in as a () fresh Month/Year	man () transfer unc	lergraduate student.			
I wish to withdraw as of Last da	ate of attendance:				
Month/Day/Year		Month/Day/Year			
Laptop: Returned (attach copy of receipt with University policy.	:). Non-returned lapto	ops will be charged to the studen	t in accordance		
TYPE OF WITHDRAWAL: Please indicate the type of	f withdrawal for whicl	n you are applying.			
() Temporary					
I am applying for a leave of absense from Seto	n Hall from	to			
() Permanent					
I am permanently withdrawing from Seton Ha	ll1.				
REASON FOR WITHDRAWAL:					
() Medical - Documentation from treating medical professional must be provided to Dean of Students, 2nd floor, University Center. The documentation must specify the medical reason and dates that the student has/will be absent.					
() Other - For all other reasons for withdrawal (i.e Academic Dean's Office, then to the Dean of Stu	- ,,	<i>e</i> ,			

NOTE: Withdrawal requests for any reason other than medical must be completed by the 8th week of the semester for grade of WD to be assigned. Students should determine any potential tuition and/or financial aid implications before submitting this request.

International students should consult with the Office of International Programs regarding withdrawal options.

() Clearance of the Academic Dean is needed to qualify for readmission.

() Clearance of the Dean of Students is needed to qualify for readmission.

Student Sig	gnature	Date	Academic Dean's Signature	Date
Registrar		Date	Dean of Students	Date
	CODED : Exit code:	Date:	Reason Code: by	

For questions or concerns, please contact the Dean of Students at 973-761-9076.