SETON HALL UNIVERSITY South Orange, NJ 07079-2689 REQUEST for WITHDRAWAL

Name							
Address							
HOME PHONE (_	Street)		City _ Are you a re	sident student?	State	Zip –	
CELL PHONE ()		Alternate Email				
Major				SCHOOL			
I entered SHU in			uman () transfer duate student	. I wish to withdraw		MONTH DAY	YEAR
LAST DATE OF C	LASS ATTENDANC	E:	YEAR				
	RETURNED (AT		EIPT) NON-RETUR	NED LAPTOPS WILL	BE CHARGE	D TO THE STUDI	ENT IN
TYPE OF WIT	THDRAWAL: Pl	ease indicate the typ	oe of withdrawal	for which you are ap	plying.		
() Temporary	I am applying f	or a leave of absenc	ce from Seton Hal	l from		to	·
() Permanent	I am permanent	ly withdrawing from	n Seton Hall.				
() Medical –		om treating medical		st be provided to Det t the student has/will		nts, 2 nd floor, Ur	niversity Center.
) bring this form firs er, for an Exit Intervi		nool/college's A	cademic Dean's
	rawal from the U D to be assigned.		reason other than	n medical must be o	completed b	by the 8 th week	of the semester
() Clearance of	f the Academic De	ean is needed to quo	alify for readmiss	ion.			
() Clearance of	f the Dean of Stud	lents is needed to qu	ualify for readmis	sion.			
Student Signature			Date	Academic Dean's Signa	ature		Date
Registrar			 Date	Dean of Students Signa	ture		Date
COD	ED: Exit code:	Date:	Reas	son code:	by		

For questions or concerns, please contact Dean of Students (973-761-9076).