



Yeshiva University

OFFICE OF THE REGISTRAR • BEREN & WILF CAMPUS

Beren: 215 Lexington Avenue, 6th Floor | New York, New York 10016 | Phone 212 340 7777 | Fax 212 340 7837 | E-mail berenregistrar@yu.edu
 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: _____

Student's signature: _____ Date: _____

For Office Use Only

Office of the Dean:

School I from which student is withdrawing

Comments: _____

Signature of Dean: _____ Date: _____

School II from which student is withdrawing

Comments: _____

Signature of Dean: _____ Date: _____

Dean submits form to the Registrar to be sent to Student Affairs.

Student Affairs:

Comments: _____

Signature: _____ Date: _____

Student Affairs submits form to the Registrar to be processed.

Office of the Registrar:

Processed by: _____ Date: _____