



ONE UNIVERSITY PLAZA • BROOKLYN • NEW YORK • 11201-5372
APPLICATION FOR WITHDRAWAL

A. Withdrawal from One or More but Not All Courses

To be eligible for maximum financial aid (including N.Y. State TAP Awards, Federal SEOG, Federal Work Study, Federal Perkins/HPL Loans) all students must be registered for a minimum of 12 credits per semester.

B. Withdrawal from All Courses

Students who are on academic probation and who withdraw from all courses are not eligible for readmission without the approval of the Dean of the College.

C. Refunds

For schedule of refunds please consult the current University Bulletin or liu.edu/brooklyn/bursar.

D. To Be Completed by the Student (PLEASE PRINT CLEARLY)

1. Name _____ Major _____ SS# [] [] [] - [] [] - [] [] [] []
2. Address _____ Phone (_____) _____
ZIP _____ Date of Admission to University _____
3. Is your education financed by the G.I. Bill? [] Yes [] No

- 4. [] Withdrawal from one or more but not all courses - Instructor's signature required
[] Leave of Absence from University (UNDERGRADUATES ONLY) - Academic Dean's Approval required
[] Withdrawal from all courses or [] Withdrawal from the University - Enrollment Services required

5. List all courses from which you wish to withdraw:

Table with columns: CHECK ONE, COURSE AND NUMBER / SECTION. Rows for FALL, SPRING, SUMMER 1, SUMMER 2.

To be completed/signed by Instructor ONLY
INSTRUCTOR'S SIGNATURE ATTENDANCE

6. Specify reason for withdrawal: [] Illness [] Financial [] Transfer [] Job
[] Other: _____

Signature of Applicant _____ Date _____

E. Additional Signatures Required to Withdraw: [] Director-Plan for Academic Success [] Student Support Services or
[] Director of HEOP: _____
[] NCAA Certifying Official (All Athletes): _____
[] Director of International Students: _____

F. For Leave of Absence - Only Have you been granted any prior leaves of absence? [] Yes [] No
Expected date of return to the University _____

G. Recommendation of the Dean (For Leave of Absence, Students on Probation and / or Special Action)
Comments: _____
Signature of Dean _____ Date _____

OFFICE USE ONLY: Request received by: [] Fax [] Letter [] In-person
[] E-mail [] On-line • By: _____ Date: _____
[] QE Drop: _____ [] TW _____
[] Changed to: [] TW [] TW / Canx [] ADMN / Drop [] QE Drop
Effective Date: _____ Date Processed: _____
[] National Student Clearinghouse

OFFICE USE ONLY (Bursar and / or Financial Services)