

1 University Plaza, Brooklyn, NY 11201 Phone: 718-488-3409 • Fax: 718-780-4325

APPLICATION FOR WITHDRAWAL

PART 1: STUDENT INFORMATION	ON			
STUDENT ID# LAST NAME		DATE FIRST NAME		
PHONE #		E-MAIL ADDRESS		
SEMESTER LAST ATTENDED	CENTER	LIU GLOBAL ADVISOR	2	
PART 2: REQUEST FOR WITHD	RAWAL			
CHECK: ☐ Withdrawal from LIU Global of Long Is	sland University			
☐ Is your education financed by the G.I.	Bill? □ Yes □ No)		
PART 3: DISCLOSURE OF CON • Federal Direct student loans bec • Financial liability for withdrawn re	SEQUENCES ome repayable six r	months after a student's	last semester.	
 International insurance policies v Incomplete marks (INC) turn into 			ull academic semester.	
Students who decide to return ar most recent LIU Global policy ha	e required to apply		sfy the academic regulat	ions of the
PART 4: DISCLOSURE OF WITH	IDRAWAL			
 You must fill out, sign/date, and s Global at 718-780-4325 	submit this form by	scanning/emailing to <u>cal</u>	<u>rlett.thomas@liu.edu</u> or fa	axing it to LIU
STUDENT SIGNATURE		DATE		
Director of Student Affairs & Administrative Service		DATE		