

Office of Student Affairs 245 Sullivan Street, Room 474 New York, NY 10012

P: 212 998 6658 F: 212 995 3826

law.studentaffairs@nyu.edu

Checklist

Complete the request form **Provide a memo** explaining the basis of your request
Send all required documents to the Office of Student
Affairs via email at law.studentaffairs@nyu.edu

WITHDRAWAL REQUEST FORM

Name	University ID		Today's Date*		
	(May be found N	d on back of ID)			
		*Request based on v	when the Office of Student A	affairs receives this form.	
NYU Email Address <i>and</i> Alternate I	Email Address	Phone Number			
*All communications will be via your NYU ema	ail account while you are visiting aw	ay.			
Current Address		Address Post Withdraw	val		
To which address should we send a o	confirmation letter? Cui	rent Address Po	ost Withdrawal Ad	ldress	
1. Semester(s) during which this rec	uest applies: □Fall 20	□Spring 20			
To some sor (s) training (interest time rec		=>pg =v			
2. I am currently a: 1L 2L	3L P/T LLM F/T	LLM Exec. LLM	MSL Adv. Pro	f. Certificate	
3. Are you a U.S. citizen? Yes	No If no, please in	ndicate visa type:			
Answer each question bel	ow by marking an "X" in th	he Yes or No column at rigl	ht Y	YES NO	
Are you currently receiving, or are s If "Yes": Contact Student Financial Sowithdrawal.			after		
Have you applied for/been accepted withdrawing? If "Yes": Please contwithdrawal once it has been approved.					
Have you registered for courses in th	e semester for which you ar	re requesting withdrawal?			
Tave you paid tuition for the semeste	r for which you are request	ing withdrawal?			
	- 101 White you are request				
Your signature	Date	Lindsay Kendrick, Dean of Str	udents	Date	