

FORDHAM COLLEGE OF LIBERAL STUDIES

Application For Withdrawal From University

Lincoln Center Campus
Room 301
New York, NY 10023

Rose Hill Campus
Keating Hall 118
Bronx, NY 10458

.....
Please print or type all information:

Last Name

First Name

MI.

Social Security Number

Number and Street

City and State

Zip Code

Home Phone

Business Phone

Number of Credits

I wish to **WITHDRAW** effective _____
semester/year

REASONS: (IF YOU HAVE MORE THAN ONE REASON, NUMBER THEM IN ORDER OF IMPORTANCE , BEGINNING WITH #1.)

ACADEMIC _____ Uncertainty about own academic or personal goals
_____ Difficulties with studies or grades
_____ Inadequate course offerings or schedule
_____ Dissatisfaction with the quality of classes, teachers, or programs

FINANCIAL _____ Unexpected personal expenses
_____ Changed employer tuition policy
_____ Inadequate financial aid

OTHER REASONS: (Not Listed Above) _____

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I plan to transfer another school ___ No ___ Yes If yes, which school _____

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Are you currently enrolled in courses? ___ No ___ Yes Last Day of Attendance _____

(IF YOU ARE CURRENTLY ENROLLED, IT IS YOUR RESPONSIBILITY TO OFFICIALLY WITHDRAW FROM YOUR COURSE BY SUBMITTING A "DROP CARD", SIGNED BY YOUR ASSISTANT DEAN, TO THE REGISTRAR'S OFFICE.)

Signature of Student _____

Date _____

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Students who wish to withdraw from FCLS **must** secure clearance from the following offices:

Bursar's Office (2nd Floor) _____

Date _____

Financial Aid (2nd Floor) _____

Date _____

Library _____

Date _____

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OFFICE USE ONLY

Last semester completed _____ GPA _____ Withdrawn from courses ___ Yes ___ No ___ N/A

App _____ Date _____