Office of Registrar
60 West Street – 6th FL
New York, NY 10006
T 212-343-1234 ext. 5008
F 212-343-7397
Email: registrar@mcny.edu

Application for Withdrawal

Please use this form in order to withdraw or request a leave of absence from MCNY. Note the withdrawal date is effective as of the date the Registrar’s Office receives this application. The tuition refunds policy is as follows:

<table>
<thead>
<tr>
<th>Period</th>
<th>Refund Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Semester Begins</td>
<td>100%</td>
</tr>
<tr>
<td>Through the first week of semester</td>
<td>75%</td>
</tr>
<tr>
<td>Through the second week of semester</td>
<td>50%</td>
</tr>
<tr>
<td>Through the third week of semester</td>
<td>25%</td>
</tr>
<tr>
<td>After the third week of semester</td>
<td>No refund</td>
</tr>
</tbody>
</table>

STUDENT NAME: __________________________
(first, middle, last)

MCNY ID#: _______________________________ TELPHONE: (____) _______________________

PURPOSE #: ______ CURRICULUM: _____________

REQUEST FOR WITHDRAWAL PERIOD: _____ Current semester _____ Permanent

*INTERNATIONAL STUDENT: _____ Yes _____ No

REASON FOR WITHDRAWAL:

_____________________________________

STUDENT’S SIGNATURE: __________________ DATE: ____________

Signatures from the following offices must be attained before this form is complete and can be submitted to the Registrar’s Office.

DEAN: _____________________________

STUDENT SERVICES: __________________
(Dean or Advisor’s Signature)

FINANCIAL AID: _____________________

*Students who receive federal aid must complete student loan exit counseling at http://www.nslds.ed.gov/nslds_SA/.

*If you are a current international student and are intending to withdraw or take a leave of absence please schedule an appointment with a DSO prior to submitting this form. A signature from a DSO will be required.

OFFICE USE ONLY: Staff Name/Date Received __________ Staff Name/Date Entered ____________