



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:

Before Semester Begins	100%
Through the first week of semester	75%
Through the second week of semester	50%
Through the third week of semester	25%
After the third week of semester	No refund

STUDENT NAME: _____
(first, middle, last)

MCNY ID#: _____ **TELEPHONE:** (____) _____

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 _____