



OFFICE OF THE REGISTRAR  
 One Bernard Baruch Way  
 BoxH-0850  
 New York, NY 10010  
 Phone (646) 312-1150  
 Fax (646) 312-1151 or (646) 312-1269  
 www.baruch.cuny.edu/registrar

**Check All That Apply:**

- First Semester Freshman
- International Student dropping below 12 credits
- SEEK Student
- GPA below 2.00
- Total Withdrawal (Undergraduate only)

If you selected any of the above, you must have an Advisor's Signature

# Withdrawal Request Form

This form is to be used during the Course Withdrawal period.

**Name:** \_\_\_\_\_

Last

First

Middle Initial

**Student ID#:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Number

Street

Apt.

City

State

Zip

**Semester:**

Fall

Winter

Spring

Summer

**Year:** \_\_\_\_\_

Are you withdrawing from all of your courses?  Yes  No

Please list each course from which you are withdrawing.

Registration Code	Course and Course No. (ex. ART 3058)	Section	Credits

Reason for Withdrawal (Explain): \_\_\_\_\_

**Note: There may be Financial Aid and/or Academic consequences of your withdrawal. Liabilities for tuition, book voucher or TIV overpayment may be incurred. It is recommended that, prior to submitting this form you consult with an academic and/or financial aid counselor to determine the impact of withdrawing.**

**\*I UNDERSTAND THAT FINANCIAL AID MAY BE AFFECTED AND I AM LIABLE FOR ANY OUTSTANDING TUITION DUE OR OVERPAYMENT RECEIVED. A "W" grade will be assigned to each course listed above upon receipt of completed and signed form. This form must be submitted to the Registrar's Office by the deadline published in the Academic Calendar.**

**Student's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

ADVISOR/COUNSELOR AUTHORIZATION (IF APPLICABLE):

Approved  Denied

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

REGISTRAR STAMP DATE

Received by: \_\_\_\_\_

Processed by: \_\_\_\_\_