



Office of the National Registrar

## NOTICE OF WITHDRAWAL

**\*\*Please read carefully:**

This form is for students who wish to withdraw from course(s) for which they are currently registered and/or to officially withdraw from Hebrew Union College. Inactivity in coursework does not constitute due notice of withdrawal. All withdrawn courses will result in a W grade. Please check the academic calendar to note withdrawal deadlines.

Campus	Major/Program(s)	
Last Name	First	Middle
Phone Number (    )	Email Address:	
Term/Year <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____		

**Please check one:**

- I am withdrawing from my course(s) for this semester **only**\*
- I am not withdrawing from my course(s) for this semester, but I am withdrawing from Hebrew Union College at the end of the semester.
- I am withdrawing from my course(s) for this semester, **and** withdrawing from Hebrew Union College\*

\*If withdrawing from course(s), please list all courses that you are withdrawing from. Note all withdrawals will result in a **W** grade.

Dept.	Course #	Section #	Course Title



**Reason for withdrawal:** (Please check all that apply)  
 Attach explanation or documentation if necessary.

- |  |  |
|--|--|
| <input type="checkbox"/> Need time off to work               | <input type="checkbox"/> Not enough academic support     |
| <input type="checkbox"/> Could not qualify for financial aid | <input type="checkbox"/> Not enough in-person connection |
| <input type="checkbox"/> Family financial problems           | <input type="checkbox"/> Medical reasons                 |
| <input type="checkbox"/> Classes conflict with work          | <input type="checkbox"/> Other*                          |
| <input type="checkbox"/> Program too difficult               | <input type="checkbox"/> Program/course not challenging  |

\*Other (Please explain):

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Are you planning to resume studies at HUC?     Yes                     No  
 If yes, when? \_\_\_\_\_ Semester    \_\_\_\_\_ Year  
 May we contact you for re-admission?        Yes                     No

- I am aware that if I wish to return to Hebrew Union College, I will need to notify the Admissions Office.***
- I am aware that if I am readmitted to Hebrew Union College after more than 1 calendar year of absence, I will be subjected to the academic requirements of the catalog for the academic year in which I am readmitted.***

Student (Signature Required)	Date
Dean/Program Director (Signature Required)	Date
National Registrar (Signature Required)	Date



**FOR OFFICE USE ONLY**

Student Billing Coordinator Use Only		
<input type="checkbox"/>	Withdrawal recorded:	_____
<input type="checkbox"/>	Student billed for any balance due:	_____
<input type="checkbox"/>	GSL funds returned to originator:	_____

Financial Aid Office Use Only		
<input type="checkbox"/>	Fund Calculation has been completed:	_____
	If not, why? _____	
<input type="checkbox"/>	Billing Coordinator and VP of Finance notified:	_____
<input type="checkbox"/>	Exit Interview has been sent to student:	_____
<input type="checkbox"/>	Exit Interview was completed by student:	_____
<input type="checkbox"/>	Student's second disbursement cancelled:	_____

National Registrar's Office Use Only		
Form forwarded to:		
<input type="checkbox"/>	Business Office	_____
<input type="checkbox"/>	Financial Aid	_____
<input type="checkbox"/>	Vice President for Strategic Planning	_____
<input type="checkbox"/>	Program Director	_____
<input type="checkbox"/>	Library	_____

Effective Withdrawal Date:
Month    Day    Year

**Special Note:** Withdrawal is official only when this form is signed by the authorized initiator, the Dean/Program Director, and the National Registrar. The official withdrawal date is the date on which the National Registrar receives and signs the Withdrawal Form.