



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 All withdrawn courses will result in a W grade.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):

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

Withdrawal recorded: _____

Student billed for any balance due: _____

GSL funds returned to originator: _____

Financial Aid Office Use Only

Fund Calculation has been completed: _____
If not, why? _____

Billing Coordinator and VP of Finance notified: _____

Exit Interview has been sent to student: _____

Exit Interview was completed by student: _____

Student's second disbursement cancelled: _____

National Registrar's Office Use Only

Form forwarded to:

Business Office _____

Financial Aid _____

Vice President for Strategic Planning _____

Program Director _____

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.