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 All withdrawn courses will result in a W grade.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 Name: ______________________ Middle: _________________

Phone Number: __________________________ Email Address: _________________________________

Term/Year: _____ Fall   _____ Spring   _____ Summer

Please check one:

____ I am withdrawing from my course(s) for this semester only.
(If withdrawing from course(s), please list all courses that you are withdrawing from. Note all withdrawals will result in a W grade.)

____ 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: __________________________________________

Dept. _____ Course #: _____ Section #: _____ Course Title: __________________________________________

Dept. _____ Course #: _____ Section #: _____ Course Title: __________________________________________

Dept. _____ Course #: _____ Section #: _____ Course Title: __________________________________________

Dept. _____ Course #: _____ Section #: _____ Course Title: __________________________________________

Dept. _____ Course #: _____ Section #: _____ Course Title: __________________________________________
Reason for withdrawal: (Please check all that apply):

Attach explanation or documentation is necessary.

____ Need time off to work
____ Not enough academic support
____ Could not qualify for financial aid
____ Not enough in-person connection
____ Family financial problems
____ Medical reasons
____ Classes conflict with work
____ Other
____ Program too difficult
____ Program/course not challenging

Other (Please explain):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Are you planning to resume studies at HUC-JIR?  _____ 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: _____________

Nation Registrar (Signature Required): __________________________________ Date: _____________