

**SETON HALL UNIVERSITY**  
**South Orange, NJ 07079-2689**  
**REQUEST for WITHDRAWAL**

NAME \_\_\_\_\_ SHU ID \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street City State Zip

HOME PHONE (\_\_\_\_) \_\_\_\_\_ Are you a resident student? \_\_\_\_\_

CELL PHONE (\_\_\_\_) \_\_\_\_\_ Alternate Email \_\_\_\_\_

MAJOR \_\_\_\_\_ SCHOOL \_\_\_\_\_

I entered SHU in \_\_\_\_\_ as a ( ) freshman ( ) transfer. I wish to withdraw as of \_\_\_\_\_  
MONTH YEAR ( ) graduate student MONTH DAY YEAR

LAST DATE OF CLASS ATTENDANCE: \_\_\_\_\_  
MONTH DAY YEAR

LAPTOP: \_\_\_\_\_ RETURNED (ATTACH COPY OF RECEIPT) **NON-RETURNED LAPTOPS WILL BE CHARGED TO THE STUDENT IN ACCORDANCE WITH UNIVERSITY POLICY.**

**TYPE OF WITHDRAWAL:** Please indicate the type of withdrawal for which you are applying.

( ) Temporary I am applying for a leave of absence from Seton Hall from \_\_\_\_\_ to \_\_\_\_\_.

( ) Permanent I am permanently withdrawing from Seton Hall.

**REASON FOR WITHDRAWAL:**

( ) **Medical** – Documentation from treating medical professional must be provided to Disability Support Services (DSS), 2<sup>nd</sup> floor, Duffy Hall. That documentation must specify the medical reason and the dates that the student has/will be absent. Obtain signature of DSS office below to signify that you have met with that office and provided the needed documentation. Bring signed form to Dean of Students Office (2<sup>nd</sup> floor, University Center).

\_\_\_\_\_  
*DSS Office Signature* *Date*

( ) **Other** – For all other reasons for withdrawal (i.e. personal, family) bring this form first to your school/college's Academic Dean's Office, then to the Dean of Students Office, 2<sup>nd</sup> floor, University Center, for an Exit Interview.

**NOTE: Withdrawal from the University for any reason other than medical must be completed by the 8<sup>th</sup> week of the semester for grade of WD to be assigned.**

( ) *Clearance of the Academic Dean is needed to qualify for readmission.*

( ) *Clearance of the Dean for Community Development is needed to qualify for readmission.*

( ) *Clearance of the Director of Disability Support Services is needed to qualify for readmission.*

\_\_\_\_\_  
*Student Signature* *Date* *Academic Dean's Signature* *Date*

\_\_\_\_\_  
*Registrar* *Date* *Dean of Students Signature* *Date*

CODED: Exit code: \_\_\_\_\_ Date: \_\_\_\_\_ Reason code: \_\_\_\_\_ by \_\_\_\_\_

**For questions or concerns, please contact Dean of Students & Community Development (973-761-9076).**