

LONG ISLAND UNIVERSITY • ONE UNIVERSITY PLAZA • BROOKLYN • NEW YORK • 11201-5372
APPLICATION FOR WITHDRAWAL

A. Withdrawal from One or More but Not All Courses

To be eligible for maximum financial aid (including N.Y. State TAP Awards, Federal SEOG, Federal Work Study, Federal Perkins/HPL Loans) all students must be registered for a minimum of 12 credits per semester. Federal Direct Student Loans require a minimum registration of 6 credits per semester, and become repayable six months after a student enrolls for less than this minimum.

B. Withdrawal from All Courses

Students who are on academic probation and who withdraw from all courses are not eligible for readmission without the approval of the Dean of the College. Except as otherwise noted, students who return from a leave of absence after a period of one year are required to satisfy the academic regulations of the most recent college bulletin.

Emplid #: _____

C. Refunds

For schedule of refunds please consult the current University Bulletin or log on to WWW.LIU.EDU →Brooklyn Campus → Bursar.

D. To Be Completed by the Student

(PLEASE PRINT CLEARLY)

1. Name _____ Major _____ SS# _____
(Last) (First) (MI)

2. Address _____ Phone (____) _____
 _____ Zip _____ Date of Admission to University _____

3. Is your education financed by the G.I. Bill? Yes No

4. Withdrawal from one or more but not all courses - *Instructor's signature required*
 Leave of Absence from University - *Academic Dean's Approval required*
 Withdrawal from all courses **or** Withdrawal from the University - *Financial Services required*

5. List all courses from which you wish to withdraw:

CHECK ONE:

COURSE AND NUMBER / SECTION

- FALL 20 _____
 SPRING 20 _____
 SUMMER 1 20 _____
 SUMMER 2 20 _____

To be completed / signed by Instructor - ONLY

INSTRUCTOR'S SIGNATURE _____ LAST DATE OF ATTENDANCE _____

6. Specify reason for withdrawal: Illness Financial Transfer Job
 Other: _____

Signature of Applicant

Date

E. Additional Signatures Required to Withdraw: Director of Guided Studies Developmental Skills or

- Director of HEOP: _____
 NCAA Certifying Official (All Athletes): _____
 Director of International Students: _____

F. For Leave of Absence - *Only* Have you been granted any prior leaves of absence? Yes No

Expected date of return to the University _____

G. Recommendation of the Dean (For Leave of Absence, Students on Probation and / or Special Action)

Comments: _____

Signature of Dean

Date

OFFICE USE ONLY: Request received by: Fax Letter Phone

E-mail In-person • By: _____ Date _____

Processed: _____ Code _____ Date _____

OFFICE USE ONLY (Bursar and / or Financial Services)

