



YALE UNIVERSITY

GRADUATE SCHOOL OF ARTS AND SCIENCES

Intention to Withdraw Notification Form

REGISTRAR

ASSOCIATE DEAN

This form must be completed by all students who wish to terminate their study in good standing. A student who fails to submit this form to the Graduate School, properly completed with the DGS's signature and accompanied with the University ID card, will not be granted withdrawal in good standing and will be liable for any tuition, Continuous Registration Fee, or Yale hospitalization insurance charges for the remainder of the academic year in which the withdrawal occurs.

To be completed by the student (please save before printing):

Name: _____ SID: _____
Last First

Department: _____ Year of Study (current): _____

Term: Fall Spring Year: _____

Mailing Address: _____
Street City State Zip Code

Email: _____ Phone: () --

I wish to withdraw from Graduate School for the following reason(s) : _____

Have you received or are you planning to petition for the M.A. or M.S. degree? Yes No
M.Phil degree? Yes No

Do you currently hold a fellowship from outside Yale? Yes No If yes, where _____

Student Signature Date

To be completed by the Director of Graduate Studies:

I recommend that this student be granted withdrawal in good standing effective on: _____
Date

Director of Graduate Studies Date

To be completed by the Associate Dean:

The withdrawal in good standing is granted: Yes No If yes, the effective date is _____

Associate Dean Date

Registrar's Action: Tuition Adjusted: _____ Financial Aid's Action: Fellowship Adjusted: _____
Date Date

After department approval, either (1) fax to 203-432-6904 or
(2) send to Graduate School Associate Deans' Office, Hall of Graduate Studies (HGS) Room 134