

Request for University Withdrawal

This form is to be completed by the student requesting the withdrawal and submitted to their academic department for review. Once reviewed, the administrator will send to the Office of the University Registrar for processing. There are significant impacts into taking a university withdrawal and these should be reviewed prior to submission.

 UR ID Number

 Student Last Name

 Student First Name

 Program of Study

 School

Current

First Term of Separation

 Term

 Year

 Term

 Year

Reason for Withdrawal

Financial

Health Concerns

Military Service

Personal

Work

Deceased

Other

Withdrawal Details

Immediate

Planned

*Term immediately
following current term*

 Notify Date

Completion of this form indicates a request to officially withdraw from the University of Rochester. A University Withdrawal is a permanent separation from the University where the student is no longer enrolled in any coursework. It is the responsibility of the student who is considering a University Leave of Absence or University Withdrawal to pay any outstanding charges. Students may contact the Bursar's office and their financial aid counselor (if applicable) to discuss any possible financial impact.

Prior to making the decision to take a University Withdrawal, students should consider the impact of the withdrawal as it relates to services provided by the following offices: Office for Residential Life & Housing Services, Dining Services, University Health Services, International Services Office, and the Office of Financial Aid.

Students are encouraged to read the University Leave of Absence and Withdrawal Policy on the Office of the University Registrar's website for additional details and information related to the withdrawal.

Student Signature: _____ Date: _____

Submission Guidelines: Submit the signed form to your academic department for review. If approved, the administrator should complete the information below. Supporting documentation and electronic signatures/approvals must be submitted with the form.

Administrator Information

 Administrator's Name

 Administrator's E-Mail

 Administrator's Phone

Request for University Withdrawal

University Registrar Information

This page is for use by the Office of the University Registrar. Please do not enter any information on this page.

University Registrar Information

UR ID Number

Student Last Name

Student First Name

Effective Date

Received Date

Processed Date

DATE OF INSTITUTIONAL DETERMINATION: _____

Initials

Notes:

Distribution List: