

## Withdrawal from GSAS

This form must be completed by the student and submitted in person, via email, or mailed to the GSAS Office of Student Affairs using the contact information at the bottom of this form.

LAST NAME:	FIRST NAME:		C		PID: <i>C00</i>	[refer to SSOL]
M F COLUMBIA (UNI) EMAIL ADDRESS:	COLUMBIA (UNI) EMAIL ADDRESS:		NON-COLUMBIA EMAIL ADDRESS:			
MAILING ADDRESS:				TELEPH	IONE:	
ALTERNATIVE MAILING ADDRESS:			ALTERNATIVE TELEPHONE:			
M.A. only M.A./M.Phil./Ph.D.	DEPARTMENT OR PROGRAM:					ICLS
SEMESTER AND YEAR OF SEMESTER AND YEAR OF FIRST REGISTRATION IN GSAS: RECENT REGISTRATION IN				LAST DATE OF CLASS ATTENDANCE (MM/DD/YYYY):		
HAVE YOU APPLIED FOR OR RECEIVED FEDERAL LOANS TO PAY FOR ANY PART OF YOUR GRADUATE EDUCATION AT COLUMBIA?		ARE YOU CURRENTLY IN UNIVERSITY HOUSING?			CITIZENSHIP OR VISA STATUS:	
PLEASE INDICATE THE SEMESTER, YEAR, AND REASON FOR ANY LEAVES OF ABSENCE:						

Please explain the reason for your withdrawal. You may attach a separate sheet if needed.

The GSAS withdrawal policy is available at <u>gsas.columbia.edu/content/withdrawal</u>. I certify that I have reviewed and understand the withdrawal policy on the GSAS website.

Student signature:	Date:			
FOR OFFICE USE ONLY				
REGISTRAR				
INTERNAL DATABASE				
TTD DATABASE				
	LETTER TO STUDENT			
HOLD	RECEIVED IN OSA (DATE)			