



STUDENT ID:	DATE:	SEMESTER :
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
Degree/Program (check one): <input type="checkbox"/> EDD <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> MAT <input type="checkbox"/> MED <input type="checkbox"/> MPS <input type="checkbox"/> MEd <input type="checkbox"/> Non-Matric <input type="checkbox"/> Adv. Certificate		

This signed form is used for course withdrawals after the Add/Drop period. It must be submitted to the Registrar's Office no later than the date published in the **Academic Calendar**. After that date, course grades will be assigned an F.

Course & Section #	Course Title	Instructor

*Tuition refund eligibility is determined by the published refund schedule issued by the Student Accounts Office.*

**REQUIRED SIGNATURES:**

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

*I agree to abide by all policies and procedures as stated in Manhattanville College's publications including payment of all charges and collection fees.*

Student: \_\_\_\_\_ Date: \_\_\_\_\_

**WITHDRAWAL IS NOT PROCESSED UNTIL THIS FORM IS RECEIVED BY THE  
MANHATTANVILLE COLLEGE REGISTRAR'S OFFICE**

♦ Brownson Hall Room 113 ♦ 2900 Purchase Street ♦ Purchase, NY 10577 ♦  
♦ Phone: 914-323-5337 ♦ Fax: 914-323-5211 ♦