Manhattanville COLLEGE®

COURSE WITHDRAWAL FORM
Graduate and Doctoral Level

Student Name: _____ _____ _____
LAST FIRST MIDDLE

Student ID: _____ Semester: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year: _____

Program: ☐ Adv Cert ☐ Adv Dipl ☐ EDD ☐ MAT ☐ MED ☐ MFA ☐ MPS ☐ MS ☐ Non-Matric

This form must be submitted to the Registrar's Office no later than the Withdrawal Deadline listed on the Academic Calendar. After that date, the grade will automatically become an F.

WITHDRAWAL FORMS MUST BE SUBMITTED TO THE REGISTRAR'S OFFICE BY THE STUDENT WITH ALL REQUIRED SIGNATURES

Course(s) to Withdraw

Subject	Course #	Section	Title	Instructor

I agree to abide by all policies and procedures as stated in Manhattanville College's publications including payment of all charges and collection fees. I understand that refund eligibility is determined by the published refund schedule.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

WITHDRAWALS ARE NOT FINAL UNTIL RECEIVED AND PROCESSED BY THE REGISTRAR'S OFFICE.
Manhattanville College Registrar's Office ♦ Reid 3rd Floor ♦ 914-323-5337 ♦ registrar@mville.edu