THE NEW SCHOOL

Student Exit Form

OFFICE OF THE UNIVERSITY REGISTRAR 72 FIFTH AVENUE NEW YORK, NY 10011 TEL 212.229.5620 FAX 212.229.5648

A. Student Information: **ID#:** _____

Name (Last)_____(First)_____(Middle Initial)_____

Telephone (_____)_____ E-mail _____

If your contact info has changed, please update change of address, phone or e-mail at https://my.newschool.edu

Division/Program **[ ]** Parsons **[ ]** Lang **[ ]** NSSR **[ ]** NSPE (Milano & NSGS)
[ ] Drama **[ ]** Mannes **[ ]** Jazz

Degree/Diploma/Dept _____

B. Student: **Please obtain signatures from the offices below and/or review the links provided if they apply to you.**

[ ] Financial Aid – Students who receive Financial Aid should review important information at the following link regarding the impact of an Exit on Financial Aid eligibility.
http://www.newschool.edu/forms/sfs_withdrawal_leave.pdf

[ ] International Students – International Students should review information at the following link regarding the impact of an Exit on their status. http://www.newschool.edu/studentservices/international/cs_withdrawal.aspx

[ ] Housing _____Date_____

[ ] HEOP_____Date_____

[ ] Department/Academic Advisor_____Date_____

C. Advisor: Complete the information below. Attach signed drop form if student is registered.

Confirmed Last Date of Attendance: _____

[ ] attendance roster **[ ]** last exam/project **[ ]**self-report **[ ]** other_____

If student did not attend classes for the term, the last date of attendance would be the last day attended in a previous term.
If this is a new admit who never attended classes, this form is unnecessary. E-mail student info to frederie@newschool.edu.

Type of Exit:

[ ] **LV** Approved leave of absence. Form completed by student.
Effective terms _____. (Courses for effective term(s) will be dropped or withdrawn.)
Eligible to return (enter term)_____

[ ] **WD** Student withdraws from program before or any time during term. Form completed by student.
Effective term_____. (Courses for effective term(s) will be dropped or withdrawn.)

[ ] **AW** Continuing student does not return, stops attending classes, or has been inactive. Form completed by division. Effective term_____. (Courses for effective term(s) will be dropped or withdrawn.)

Reason for Exit:

[ ] Family [ ] Financial [ ] Health [ ] Program Fit [ ] Personal [ ] Career [ ] Transfer [ ] Military
[ ] Study Away [ ] Other_____.

If the student is exiting for Health Reasons and/or is currently enrolled in the Student Health Insurance Plan, please provide the student with the Student Health Information Guidelines.

Is the student an International Student? Yes **[ ]** (student must return to ISS after approval of Exit Form for final processing)

Student signature_____Date_____
(If student is unable to sign form, please attach correspondence from student initiating the exit.)

Division Approval Signature_____Date_____

CC: Registrar's Office / Division / Student / ISS (hand delivered by International Students)

Registrar:
Classes: Y / N
Refund:
Initial/Date:

ISS:
Advised: Y / N
Date:
SEVIS: Y / N
Date: