

Office of the University Registrar 72 Fifth Avenue New York, NY 10011 Tel 212.229.5620 Fax 212.229.5648

A. Student Information:ID#: N

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 (New York) Lang NSSR NSPE
 Parsons (Paris) 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/student-services/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Effective terms _____ (Courses for effective term(s) will be dropped or withdrawn.)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) _____ Revised Expected Graduation Term (enter term) _____

 WD Student withdraws from program before or any time during term. Form completed by student.

Effective terms _____ (Courses for effective term(s) will be dropped or withdrawn.)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Effective terms _____ (Courses for effective term(s) will be dropped or withdrawn.)

Reason for Exit: Family Health Transfer Financial Career Study Away Military Program Fit Personal 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: