Office of the University Registrar
72 Fifth Avenue, New York, NY 10011
Tel. (212)229-5620 Fax. (212)229-5648

THE NEW SCHOOL

CONTINUING EDUCATION REQUEST TO DROP

Last Name _____ First Name _____

Student ID#:N_____ Term/Year _____

Student Status: Today's Date_____ and Time_____

☐ Non-Credit ☐ Credit ☐ General Credit

I confirm that The New School is authorized to drop me from the course(s) listed below.

Student Signature: _____ Date: _____

Tuition charges are refunded via check or credit card where applicable.

Course Master Number	Section	Beginning Date/Time	Title	Sessions Held	For Office Use
					Initials

Registrar's Office Use

Registration Date_____ INIT._____

Old Cost $_____New Cost $_____

No Fee Adjustment ☐ Amount Due ☐ $_____ Charge Reduction ☐ $_____