

REQUEST FORM FOR OFFICIAL WITHDRAWAL

THIS FORM IS FOR CONTINUING AND PROFESSIONAL STUDIES (CAPS) STUDENTS ONLY.

STUDENT NAME: _____ TERM: _____

STUDENT EMAIL ADDRESS: _____

COURSE CODE: _____ COURSE TITLE: _____

INSTRUCTOR: _____

I, _____, request an official withdrawal for the above referenced course.

In making this request, I understand and agree to the terms listed below.

- If the deadline for a refund has passed, I will not be entitled to either a credit or refund for this course.
- An official withdrawal is only permitted up to the midpoint of the course provided the student is not failing at the time of the request.
- Should I later wish to pursue a Certificate program in which this course is required or offered as an elective, I will have to retake this course on a graded basis in order to receive credit for the course.

This form becomes effective after the Instructor has verified that the student was not failing at the time of withdrawal and the student has not attended past the midpoint of the course. The student will be notified by email if the withdrawal has been approved. If approved, the student will be issued a grade of "W" for the course. Please return this form to the CAPS office at 55 Lexington Avenue, Room 116 or fax to 646-312-5101.

Student Signature: _____ Date: _____