



YALE UNIVERSITY

GRADUATE SCHOOL OF ARTS AND SCIENCES

**Intention to Withdraw Notification Form**

REGISTRAR

ASSOCIATE DEAN

This form must be completed by all students who wish to terminate their study in good standing. A student who fails to submit this form to the Graduate School, properly completed with the DGS's signature and accompanied with the University ID card, will not be granted withdrawal in good standing and will be liable for any tuition, Continuous Registration Fee, or Yale hospitalization insurance charges for the remainder of the academic year in which the withdrawal occurs.

**To be completed by the student:**

Name: \_\_\_\_\_ SID: \_\_\_\_\_  
Last First

Department: \_\_\_\_\_ Year of Study (current): \_\_\_\_\_

Term:  Fall  Spring Year: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Email: \_\_\_\_\_ Phone: ( ) --

I wish to withdraw from Graduate School for the following reason(s) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you received or are you planning to petition for the M.A. or M.S. degree?  Yes  No  
M.Phil degree?  Yes  No

Do you currently hold a fellowship from outside Yale?  Yes  No If yes, where \_\_\_\_\_

\_\_\_\_\_  
**Student Signature** Date

**To be completed by the Director of Graduate Studies:**

I recommend that this student be granted withdrawal in good standing effective on: \_\_\_\_\_  
Date

\_\_\_\_\_  
**Director of Graduate Studies** Date

**To be completed by the Associate Dean:**

The withdrawal in good standing is granted:  Yes  No If yes, the effective date is \_\_\_\_\_

\_\_\_\_\_  
**Associate Dean** Date

Registrar's Action: Tuition Adjusted: \_\_\_\_\_ Financial Aid's Action: Fellowship Adjusted: \_\_\_\_\_  
Date Date

Upon completion, send form to the Graduate School Office of the Registrar, Hall of Graduate Studies (HGS), Room 113.