

Request to Officially Withdraw from Program Form

MPH _____ MS _____ DPH or PHD _____ Advanced Certificate _____

* Submit the completed form to the Office of the Registrar – Registrar@sph.cuny.edu

Student Name: _____
Last First M.I.

CUNYFirst ID Number: _____ or last 4 digits of SSN only: _____

Email Address: _____

Effective Date of Requested Withdrawal: _____

Reasons for Requested Withdrawal: _____

Student's Signature _____ / ____ / ____
Date

Department Chair

Approved Denied: _____
Comment if Denied

Department Chair (Print Name) Signature Date

****This form will not be processed without the student's and Department Chair's signature****

For Registrar's Office Use Only

Processed by Print Name Signature Date