

Please complete and submit 4 copies of this application to
The Office of the Registrar

WILLIAM PATERSON UNIVERSITY
Office of the Registrar
300 Pompton Road
Wayne, NJ 07470
973-720-3074

APPLICATION FOR WITHDRAWAL FROM GRADUATE STUDY

Complete All Items (Print in ink or type)

MAJOR _____

Social Security #: _____ - _____ - _____

Name in Full _____
Last First Middle Initial

Permanent Address: _____ Apt.#. _____

City: _____ State _____ Zip Code: _____

Home Phone #: (____) _____ Business #: (____) _____ ext. _____

WITHDRAWAL TO BE EFFECTIVE _____

WITHDRAWAL POLICY:

Withdrawal from the University must be initiated before the last month of classes of each academic semester. Students who have withdrawn from the University must apply for readmission. Consult the appropriate program coordinator or the Office of the Registrar for further information.

Reason for Withdrawal:

Student Signature: _____ Date: _____

Program
Coordinator: _____ Date: _____