



**FAIRLEIGH
DICKINSON
UNIVERSITY**

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Teaneck, New Jersey 07666
T-KB1-05
Phone: 201-692-2472

Florham Campus
285 Madison Avenue
Madison, New Jersey 07940
M-MS0-04
Phone: (973) 443-8600

Registrar@fdu.edu

Notice of Official Withdrawal/Academic Leave of Absence for Graduate Students

Please choose appropriate request:

Withdrawal _____

Academic Leave of Absence _____

Semester and Year of Withdrawal or Academic Leave of Absence: Fall _____ Spring _____

Academic Program: _____ School/College: _____

Student Name: _____ Student ID #: _____

Mailing address: _____

Contact number: _____

Student Signature: _____ Date: _____

Reason for request: Medical ___ Financial ___ Work-related ___ Transfer ___

Other (please explain) _____

Academic Dean or School Director Approval:

_____ **Date:** _____

Completed form must be sent to the Office of Enrollment Services at Registrar@fdu.edu for processing.

Note:

Please be aware that there may be financial penalties associated with withdrawing effective at the time of your withdrawal from study. Please visit our [Withdrawals, Cancellations, and Refunds policies](#) for details.

Processed by: _____ Date: _____