Withdrawal Form

Date: _______________________________________________________

Student’s Name:______________________________________________

___ Masters Degree ___  Post-Masters Certificate ___ Audit

Last Date Attended: ____________________________________________

Check one:

Withdrawal from St. Joseph’s Seminary ____

Withdrawal from Course: ____ List course ________________________________

Withdrawal – leave of Absence for Semester _____________________________

Reason for withdrawal:

_____________________________________________________________________________

_____________________________________________________________________________

To withdraw from St. Joseph’s, a student must obtain this form and secure the signature from the Associate Dean

Student’s signature: ____________________________________________

Associate Dean’s signature: ______________________________________

Withdrawal interview: _________________________________________

Official withdrawal date: ________________________________

A copy of this form is retained in the students file; a copy goes to the student.