



ST. JOSEPH'S SEMINARY DUNWOODIE

Yonkers, New York 10704-1896

Master's Degree Program

(914) 367-8280

Office of the Associate Dean

Leave of Absence / 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 leave of absence or 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.