

# WITHDRAWAL NOTIFICATION

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Student Name \_\_\_\_\_ SID # \_\_\_\_\_ Year Matriculated \_\_\_\_\_

Program  M.Arch I  M.Arch II  M.E.D. Current Year  1  2  3

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I hereby withdraw from enrollment in the Yale School of Architecture. I understand that if I wish to return to the School of Architecture at some point in the future I will need to reapply through the School's normal admissions process.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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## REGISTRAR'S OFFICE

Last date attended classes, if known \_\_\_\_\_

Effective Date of withdrawal \_\_\_\_\_

Date of determination \_\_\_\_\_

Code \_\_\_\_\_

Processed by \_\_\_\_\_ Date \_\_\_\_\_

Signature of Registrar

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