Evaluated Withdrawal for Graduate Students

Office of the Registrar
Jefferson 100
65-30 Kissena Blvd.
Flushing, NY 11367
718-997-4400
GRADaudit@qc.cuny.edu

Information and Instructions

1. During the **first three weeks of the semester** (add/drop deadline), you do not need permission to drop the course.
2. After the **8th week of the semester**, you need the permission of your Graduate Advisor and instructor to withdraw from a course. Beginning the **14th week of the semester**, you need permission of your Graduate Advisor, instructor, as well as the Divisional Dean.
3. This completed and signed form must be submitted to the One Stop Service Center (DH 128) or Office of the Registrar (JH 100).

Student and Course Information

Last Name: _____ First Name: _____ CUNY ID: _____

Email: _____ Phone Number: _____

Academic Dept.: _____ Course No.: _____ Class Code No.: _____

I request permission to withdraw from the above course for the following reason(s):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Permission/Signatures

The above named student is [ ] **passing** [ ] **failing**.

Instructor Signature: _____ Date: _____

Graduate Advisor Signature: _____ Date: _____
Also to be signed by the respective Divisional Dean beginning the 14th week of the semester.

Divisional Signature: _____ Date: _____