



Cornell University Graduate School

143 Caldwell Hall
Ithaca, NY 14853-2602

Date _____

WITHDRAWAL Form R9

INSTRUCTIONS

- ◆ Students may withdraw voluntarily at any time. Withdrawal is appropriate for students who do not intend to resume studies or to complete an advanced degree at Cornell University. Any interruption of registration is considered a withdrawal unless the student has been granted a leave of absence. A student holding a non-immigrant visa who withdraws is subject to the same U.S. government regulations that apply for a leave of absence.
- ◆ For more information on tuition implications, consult the Tuition Refund Policy in the general information section of the *Courses of Study* catalog. For general information, see the *Code of Legislation* at www.gradschool.cornell.edu/code.
- ◆ Nonregistered status affects access to campus resources and visa status for international students.
- ◆ Provide your field with a copy of the completed form. All information on this form, excluding signatures, should be printed or typed. For more information, consult the Tuition Refund Policy in the general information section of the *Courses of Study* catalog or contact the Graduate Student Services Office at (607) 255-5820.

BIOGRAPHICAL INFORMATION

Cornell ID number	NetID	E-mail address
Last name	First name	Middle initial
Academic program (Field)	Degree program	

STATUS REQUESTED

Withdrawal I am withdrawing from Cornell University effective on _____
mm/dd/yyyy

Address after withdrawal _____

Student signature _____ Date _____

INTERNATIONAL STUDENTS ONLY

Immigration regulations require that a student be registered in order to maintain F1 or J1 student status (if you remain in the US). If you take a leave of absence, you are no longer a registered student. You must do something to maintain your status or you MUST LEAVE THE US while on leave. For further information, discuss your plans with the ISSO.

I acknowledge that I have read and understand the information provided above concerning immigration status while on a Leave of Absence.

Special Committee Chair name <i>(required)</i>	NetID	Special Committee Chair signature	Date
Director of Graduate Studies name <i>(required)</i>	NetID	Director of Graduate Studies signature	Date
GFA or Administrative Mgr. name (required)	NetID	GFA or Administrative Mgr. signature	Date

GRADUATE SCHOOL ACTION

Graduate School approval signature _____ Process Date _____

Graduate School use only: Service Indicator Summary Student Milestones Original to FILE
 Student Program/Plan Student Advisor Original to _____