

Official Withdrawal from Program Form Tel: 631.632.7050 Fax: 631.982.7311 E-mail: SPD@stonybrook.edu School of Professional Development (SPD) Stony Brook University 2321 Computer Science Building Stony Brook, NY 11794-4434

Important Note: Before this form can be processed, students must ensure that they are not currently enrolled in any courses by withdrawing from their course(s) via SOLAR, or via the <u>Retroactive Add</u> , <u>Drop</u> , or <u>Registration</u> form (if the deadline to withdraw via SOLAR has passed according to the <u>Registrar's Academic Calendar</u> .)		
Please type or print <u>carefully:</u>		
Stony Brook (SB) ID #		Date
Name	Mi	Phone
Stony Brook E-mail:		
I am not currently enrolled in any courses (Please confirm that you are not currently enrolled) I am completely withdrawing from the Program as of Name of Program Date		
I hereby certify that the information I have submitted is complete and accurate to the best of my knowledge, and that I understand the terms of this request.		
Signature of Student		Date
Kequite		
The following section must be completed with the appropriate signatures. STUDENT: DO NOT WRITE BELOW LINE.		
Graduate Program Director	Print N	ame Date

It is the policy of the School of Professional Development to abide by University, federal and state laws. For more information on our policies, visit the <u>SPD Bulletin</u>

School of Professional Development (SPD)

Date

Approved & Processed

Disapproved