

Waiving Co-Requisite Withdrawal Form

Term:	Fall 2	20	Spring 20_	Summ	er 20	Winter 20
Last Name: NetID:						
First Name: Degree/Major:						
Univ. ID #: N					Advisor:	
Career (c	theck all th	nat apply):	□ No	on-Matric	Undergraduate	Graduate
I WISH TO BE WITHDRAWN FROM THE FOLLOWING COURSES:						
Class #	# Code Catalog # Credits with		If a co-requisi withdrawal, writ co-requisite co	e the dependent	Required approval signature from department requiring the dependent co-requisite(s).	
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Are you withdrawing from all enrolled courses?: YES No						
REQUIRED APPROVAL:						
Major Advisor Signature:						Date:
<u>Notice of Responsibility:</u> I hereby accept financial responsibility for all charges (including collection fees) in connection with the above schedule adjustments according to the University refund/liability schedule. I acknowledge that it is my responsibility to familiarize myself with University policy and procedure regarding registration, drop/withdrawal, and refunds.						
I further understand that dropping/withdrawing below full time status may jeopardize my financial aid eligibility and/or immigration status (for students on F1 or J1 Visa). Full-time credit-load is 12 credits for undergraduate students and 9 credits for graduate students.						
Student'	s Signatur	e:				Date:
Submit c	ompleted	form to:		Records & Registration	on Phone: Fax:	646-997-3486 646-997-3896
				LC260, Brooklyn, NY 11201		tandon.registration@nyu.edu
For Records & Registration Use Only						
Date Processed: Processed By:						