

Yale SCHOOL OF MUSIC

Office of the Student Services

This form is to be completed in full by any student at the School of Music who plans to interrupt his or her program of study by requesting withdrawal from active registration either temporarily or permanently. Validation of withdrawal status is not initiated until all parts of this form are complete. Students must note that Yale Health Plan coverage, library and University privileges are not continued on withdrawn or leave of absence status.

LEAVE OF ABSENCE OR
SCHOOL WITHDRAWAL

P.O. Box 208246
New Haven, CT 06520-8246

Campus address:
Sprague Memorial Hall
98 Wall St

T 203 432-4151
F 203 432-7448

Student Name *Print or Type* Student ID #

Signature of Student Date

1. I hereby state my intention to **withdraw my active registration/request a leave of absence**

(*please circle appropriate action*) from Yale School of Music effective _____
Date

My reason for withdrawing or leave of absence is: _____

For which term are you requesting this action? Fall Spring Academic Year

2. I **do not** intend to reapply for admission at a later date.

3. I **do** intend to reapply for admission at a later date. I understand that if I do make reapplication, I must inform the Registrar in writing by November 1 for the spring term, February 15 for next fall.

4. The student named above is approved for withdrawal or leave of absence by the School of Music faculty and administration.

Signature of Major Teacher Date

Signature of Dean or Deputy Dean Date

5. The student named above has settled, or has made satisfactory arrangements to settle his or her financial account, and is free to leave in good standing in this respect. Any notation to the contrary is indicated:

Signature of Financial Aid Director Date

6. The student named above is currently in good academic standing unless otherwise noted:

7. Did Student complete term: Yes No

8. Date of Withdrawal _____ Date of Determination _____

9. Student Status Changed to: Withdrawn Leave of Absence Absentee No Show

10. If multiple terms, please indicate the terms the student will be absent:

Signature of Registrar Date