

AMDA

College of the Performing Arts

NEW YORK CITY • LOS ANGELES

OFFICIAL REQUEST TO WITHDRAW FORM

Student Information (please complete all sections)

Date: _____ Student ID: _____ Program: _____

First Name: _____ Pronoun: _____ Last Name: _____

Preferred Name: _____ Phone #: _____ Email: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Reason for Withdrawal: For Medical or Mental Health LOA, students MUST meet with the department and get 'signed off' before submitting the form:

Medical [Required: AMDA Student Affairs Dept. Signature: _____]

Mental Health [Required: AMDA Health Team Dept. Signature: _____]

Family Financial Professional Opportunity Military

Are You a Veteran Beneficiary? Yes No Are You an F-1 Student? Yes No

Other Please Explain _____

Transfer to Another School, please list college's name: _____

Student Authorization:

I understand that I have officially withdrawn from AMDA. I remain responsible for any debt incurred as a student. All withdrawal policies can be found on the AMDA website's Course Catalog section:
<https://www.amda.edu/student-life#downloads>

I understand that I am responsible for contacting the following departments, Financial Aid, Student Accounts, Housing, and Student Affairs to conduct an "Exit Interview" to be fully informed of my financial standing/record due to my withdrawal. The contact information can be found at [AMDA | Administrative Staff](#)

I understand that if I repeat a semester, I am ineligible for the AMDA institutional aid for the repeated term if this aid was fully utilized or was returned after the term for which I am Withdrawing.

Student's Signature: _____ **Date:** _____

Submit this document to the Registrar's Office to initiate your request for Withdrawal.
 NY Students: submit to nyregistrar@amda.edu LA Students: submit to laregistrar@amda.edu

For Office Use Only	
Semester Level	
Semester & Year of Withdrawal	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
# of Days Attended (# of weeks x 7) vs. # of Days in the Semester - 105	
Number of Weeks Attended	
The Percentage of the Semester Attended (dependent on # of weeks attended)	
LDA	
Semester Start and End Dates	

Date Processed: _____ Registrar's Office Signature: _____

Comments: _____