

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: _____ Last Name: _____

Preferred Name: _____ Pronoun: _____

Phone #: _____ Email: _____

Current or Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Reason for Withdrawal:

☐ Medical ☐ Military ☐ Family ☐ Financial ☐ Professional Opportunity ☐ Mental Health

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I understand that I have officially withdrawn from AMDA.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 in the Course Catalog.

<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 and to learn about any penalty incurred 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 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 of Withdrawal	Fall	Spring	Summer
Number of Days Attended (# of weeks x 7)			
Number of Weeks Attended			
The Percentage of the Semester Attended (dependent on # of weeks attended)			
LDA			
Semester Start and End Dates			
Number of Days in the Semester			

Date Processed: _____ Registrar's Office Signature: _____

Comments: _____