



DOMINICAN SCHOOL OF PHILOSOPHY & THEOLOGY
AT THE GRADUATE THEOLOGICAL UNION

PETITION TO WITHDRAW FROM SCHOOL

Student's Name: _____ GTU ID #: _____
Address: _____ City/State/Zip Code: _____
Telephone: _____ Email: _____
Last Attendance Date: _____ Program(s): _____

I have read and understand the DSPT Policy on Leaves of Absence and Withdrawal.

Reason for Withdrawal (attach separate sheet if necessary):

_____/_____/_____
Signature of Student Date

Did you receive any financial aid from DSPT or the U.S. government? _____ Yes _____ No

If yes, you must contact the DSPT Financial Aid Office at (510) 883-2073 to complete an exit interview and obtain the approval of the Financial Aid Officer.

_____/_____/_____
DSPT Financial Aid Officer Date

The student named above has discharged all financial obligations.

_____/_____/_____
DSPT VP of Finance Date

_____/_____/_____
GTU Librarian - Circulation Desk Date

_____/_____/_____
Advisor Date Academic Dean Date

For Registrar's Office: Withdrawal Effective Date _____/_____/_____
Colleague (SPRO & STAL) Updated _____/_____/_____
Access Database Updated _____/_____/_____

Rev: 9/2017