



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 Financial Aid Office at (510) 649-2463 or (510) 649-2469 to complete an exit interview and obtain the approval of the GTU Financial Aid Officer.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
GTU Financial Aid Officer Date

The student named above has discharged all financial obligations.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
GTU Business Officer Date

DSPT Approvals:

_____/_____/_____	_____/_____/_____
Advisor	Academic Dean
Date	Date
<i>For Registrar's Office:</i>	Withdrawal Effective Date
	_____/_____/_____
	Colleague (SPRO & STAL) Updated
	_____/_____/_____
	Access Database Updated
	_____/_____/_____

Revised 12/1/2008