



Office of the Registrar and Student Financial Aid
Phone: 617-559-8642 Fax: 617-559-8825
www.hebrewcollege.edu

School Withdrawal Form

Date: _____ Student ID # _____

Student's Full Legal Name: _____

Address: _____

City _____ State: _____ Zip: _____

Email: _____ Phone # _____

Degree Program from which you are withdrawing: _____

Reason(s) _____

Student's Signature

Do you wish to remain on the College's mailing list? Yes No

Registration fees are not refundable. Students withdrawing from the College and seeking tuition refunds must notify the Business Office in writing of their intention to withdraw. Nonattendance does not reduce or alter a student's financial obligation to the College

Return this form to the Registrar's Office, Hebrew College
160 Herrick Road, Suite 313, Newton Centre, MA 02459

For Office use only:

Notifications sent:

___ Financial Aid

___ Dean of Program

___ Faculty Advisor

___ Library

___ Admissions

___ Student File