



Office of the Registrar  
Phone: 617-559-8642 Fax: 617-559-8825  
[www.hebrewcollege.edu](http://www.hebrewcollege.edu)

# DEGREE WITHDRAWAL FORM

*Please print clearly:*

Student ID \_\_\_\_\_

OR last 4 digits of Social Security number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Degree Program: \_\_\_\_\_

Reason(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Signature of Dean of Program: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form to the Registrar's Office:**  
Hebrew College, 160 Herrick Road, Newton Centre, MA 02459  
Phone: 617-559-8642, Fax: 617-559-8601  
[registrar@hebrewcollege.edu](mailto:registrar@hebrewcollege.edu)

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**FOR OFFICE USE ONLY**

Notified by: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid \_\_\_\_\_ Dean of Students \_\_\_\_\_ Faculty Adviser \_\_\_\_\_ Library \_\_\_\_\_ Admissions \_\_\_\_\_ Student File \_\_\_\_\_