

**NEW YORK INSTITUTE
OF TECHNOLOGY**

College of Osteopathic
Medicine

Office of the Registrar

**2026-2027 REQUEST FOR WITHDRAWAL
FORM**

Section 1 (To be completed by the student on date of withdrawal)

Name: _____ is withdrawing from NYIT College of
Osteopathic Medicine. Please Print

Student ID#: _____

Class of: _____

BS/DO or Traditional (Circle One)

Reason for withdrawal: _____

This form requires approval of the Assistant Dean of Student Administration in Jonesboro or the Associate Dean for Student Administration in Old Westbury. The official date of withdrawal is the date the form is submitted to the Office of the Registrar. Depending upon the date of withdrawal, the student may be required to repay all or some of the financial aid received. Please consult a financial aid officer for additional information. If all coursework in a particular course is completed and the final exam is taken, the student cannot withdraw until the grade for that course is posted.

A first- or second-year student who WITHDRAWS during an academic year, must return the following August to begin that year again. ***

The student is not eligible to apply for or receive any Title IV Financial Aid, which includes Direct Stafford Loans, DirectGrad PLUS Loans, for the tuition, fees or living expenses for the billing period that the student had paid for in the previous year.

Any outstanding balances must be paid prior to returning to NYIT College of Osteopathic Medicine. Tuition for the repeated billing period will be due prior to the start of classes. A student will be charged 50 percent of the normal tuition charges of any repeated billing period of the year that she or he had already paid 100 percent of the billing period in the year of the withdrawal or leave of absence. A student is responsible for paying all fees, including the health insurance fee, for the repeated year, before beginning classes.

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By authorizing a registration or by dropping and/or adding or withdrawing or being dismissed from the courses I registered for this semester, I agree to be charged in accordance with the schedule set forth in NYIT's online catalogs and nyit.edu with respect to payment of tuition and fees, refunds, dropping and adding courses, and, withdrawal and dismissal policies and procedures. I agree to be bound by this registration form and abide by NYIT's rules and regulations set forth in [NYIT's online catalogs](#) and [nyit.edu](#). I agree to pay my debt to NYIT for any amounts due for tuition and fees and other charges. If my charges are not paid when due, I agree to pay NYIT all fees and costs associated with the collection of my delinquent account. In addition to payment of the principal amount due, the additional fees and costs may include collection agency fees constituting 33 to 50 percent of the principal amount due if NYIT engages a collection agency to collect payment; legal fees of 33.3 percent of the principal amount due if NYIT engages legal counsel to collect payment; any and all interest on the outstanding balance at the maximum legal rate allowed by law and; any and all other costs associated with collection of the amount due NYIT. I understand my obligation to pay these additional fees and costs associated with collection of my delinquent account.

I have read the above and understand the implications of withdrawing from NYIT
College of Osteopathic Medicine.

Student

Withdrawal

Signature _____

Date ____/____/____

Section 2

SPC Meeting Date _____

Director of Financial Aid _____

Date ____/____/____

Director of Student Life/Assoc. Director Financial Aide _____ Date ____/____/____

Pre-Clinical or
Clinical Education _____

Date ____/____/____

Associate Dean/Assistant Dean
Of Administration _____

Date ____/____/____

Section 3 (To be completed by the NYIT College of Osteopathic Medicine Office of the Registrar)

Withdrawal date ____/____/____

Registrar representative _____

*****STUDENTS, WITHDRAWING FOR MEDICAL REASONS, MUST OBTAIN MEDICAL
CLEARANCE TO RETURN EITHER FROM THEIR OWN PHYSICIAN OR A NYIT COLLEGE
OF OSTEOPATHIC MEDICINE DESIGNATED PHYSICIAN WHEN APPROPRIATE. *****