Bowdoin College
Intent to Withdraw

Office of the Dean of Students
4600 College Station * Brunswick, ME 04011-8437 * P 207-725-3149 * F 207-725-3555

<table>
<thead>
<tr>
<th>Last Name: ___________________________</th>
<th>First Name: ___________________________</th>
<th>ID: ________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone: (____) ________________________</th>
<th>Alternate Email: ______________________</th>
</tr>
</thead>
</table>

**Type of Withdrawal (check one option below):**

- [ ] Personal Leave
- [ ] Medical Leave
- [ ] Resignation **(see other side)**

*Please review the student handbook for additional requirements for the medical leave approval process.*

<table>
<thead>
<tr>
<th>Semester and Year of Withdrawal <strong>(example: Spring 2019):</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Semester and Year intended to return <strong>(if applicable):</strong></th>
</tr>
</thead>
</table>

**Reason(s) for withdrawing from Bowdoin:**

- [ ] Health
- [ ] Permanent Disability
- [ ] Academic Reasons
- [ ] Transferring to **(please provide more information below)**
- [ ] Personal/Family Circumstances
- [ ] Other **(please provide more information below)**

**Reason(s) for withdrawing from Bowdoin:**

- [ ] Social Reasons
- [ ] Financial Reasons
- [ ] Career
- [ ] Military Service
- [ ] Foreign Aid Service

Please provide a more detailed explanation for your withdrawal **(continued on the back):**

______________________________
______________________________
______________________________
______________________________

I understand that by submitting this form to the Office of the Dean of Students, I will be withdrawn from all classes in which I am enrolled for the term I have specified above and I am responsible for all tuition and fees assessed according to the refund schedule. I also understand that my withdrawal may affect the following: my eligibility to remain on campus and use campus facilities, my current and future financial aid awards (I may be liable for tuition owed as a result of the return of financial aid funds) and my eligibility to retain health benefits. Note: Non-U.S. citizens who withdraw from the College may jeopardize their immigration status and their ability to remain in the U.S.

Having read this form as well as the WITHDRAWAL INFORMATION CHECKLIST, I confirm that I have followed up with all contacts applicable to me noted on the checklist and officially request that I be withdrawn from Bowdoin College as indicated above. Please note an additional signature is required for resignation on the reverse of this form.

Student Signature: ___________________________ Date: ______/____/____

**Office of the Dean of Students Use Only:**

Form submitted to Dean of Students on: ______/____/____
Circle mode of contact in lieu of form: __________ ______
Reason Student did not complete form:

- [ ] Medical
- [ ] Not attending, no follow up by student, administrative decision by Dean
- [ ] Other: ___________________________

Dean Signature: ___________________________ Date of Determination: ______/____/____

CC all statuses to: Registrar, Student Aid Office. Additionally: CC resignations to Institutional Research, Analytics & Consulting.
Continuation of explanation of withdrawal:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Acknowledgement regarding resignation:

I intend to withdraw permanently (resign) from Bowdoin College. I acknowledge that this withdrawal terminates my status as a student at Bowdoin College. I understand that should I change my mind at some future date, I would need to reapply to the College through the admissions process as a transfer student, and that my admission would not be guaranteed.

I have reviewed and considered other options available to me (Personal Leave, Medical Leave, and/or Study Away) and have discussed the matter with a dean. I have also been advised to discuss the matter with my family and/or faculty advisor.

Student Signature: __________________________________________________________Date: ____/ ____/ ____