

Bowdoin College

Intent to Withdraw

Last Name: _____ First Name: _____ ID: _____

Phone: (____) _____ Alternate Email: _____

Type of Withdrawal (check one option below): _____ Date last attended classes: ____/____/____

____ Personal Leave
____ Medical Leave*

____ Resignation (see other side)

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

Semester and Year of Withdrawal (example: Spring 2019):

Semester and Year intended to return (if applicable):

Reason (s) for withdrawing from Bowdoin:

____ Health
____ Permanent Disability
____ Academic Reasons
____ Transferring to _____
____ Personal/Family Circumstances
____ Other (please provide more information below)

____ 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I understand that by submitting this form to the Office of the Dean of Students, I will be withdrawn from all classes in which I am enrolled for the term I have specified above and I am responsible for all tuition and fees assessed according to the refund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that I have followed up with all contacts applicable to me noted on the checklist and officially request that I be withdrawn from Bowdoin College as indicated above.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: **Phone** **Email** (attach to 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.

Office of the Dean of Students

4600 College Station * Brunswick, ME 04011-8437 * P 207-725-3149 * F 207-725-3555

