

BSC OFFICIAL **END-OF-SEMESTER COLLEGE WITHDRAWAL** **GRADUATE STUDENTS**

NOTE: This form is to be used by all students who intend to take final exams and complete, or who have completed, a semester or term and do not wish to begin a subsequent term at BSC. All courses in future terms should be dropped by the student prior to the completion of this form. Return the completed form to the Assistant Dean in the School of Graduate Studies, Maxwell Library, Room 019.

Name _____ Banner ID _____
Please Print Clearly

Final Semester of Enrollment: Fall Spring Summer I Summer II Year _____

Day Telephone Number _____ Program of Study _____

Are you an international student with F1 Visa? Y N (If yes, the Internat'l Coordinator will be notified)

Withdrawal Reasons: If more than one reason is checked, please circle the main reason for withdrawal.

- | | |
|---|--|
| <input type="checkbox"/> Dissatisfied with College Life - DC | <input type="checkbox"/> Moving - MV |
| <input type="checkbox"/> Dissatisfied with Program - DP | <input type="checkbox"/> Need temporary break from college - BR |
| <input type="checkbox"/> Experiencing Academic Difficulty - DF | <input type="checkbox"/> Personal - PL |
| <input type="checkbox"/> Family Difficulties - FP | <input type="checkbox"/> Program not available: _____ - PX |
| <input type="checkbox"/> Financial - FL | <input type="checkbox"/> Transferring to: _____ - TR |
| <input type="checkbox"/> Medical - ME | <input type="checkbox"/> Unsure of Career Goals - CG |
| <input type="checkbox"/> Military Non-Active Duty - MN | <input type="checkbox"/> Withdraw Permanently - WP |
| | <input type="checkbox"/> Work - WK |
| | <input type="checkbox"/> Other - OT (Briefly explain below) |

If Active Duty or for full medical withdrawal contact Academic Achievement Center at 508.531.1214.

Did you register for courses in the next semester or term? Yes No
[If yes, you should drop these courses before submitting this form. See NOTE above.]

By signing this form, I certify that I am withdrawing as of the end of the semester or term noted above. This is the last semester in which I will enroll, take final exams and receive grades at Bridgewater State College at the present time. Should I decide to return to Bridgewater State College at a later date, I understand that I must first complete a Reinstatement Form with the School of Graduate Studies. I further understand that for financial aid and insurance purposes, the effective date of my withdrawal will be the last date of the semester or term listed above.

Student Signature _____ Date _____
(required)

***NOTE - FINANCIAL AID RECIPIENTS:** Financial aid will be canceled if any outstanding financial aid paperwork is not submitted prior to your official withdrawal. Contact the Financial Aid Office for details.

ALL STUDENTS - RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

For Office Use ONLY:

Departments notified: (please check off)

Financial Aid _____

Academic Department/Coordinator _____

Student Accounts _____

Date Received in SoGS _____ Verified Future Terms SFARHST or TR _____ Date Forwarded to RO _____

Processed in RO by _____ Date _____ Retained EL Status Final Semester