



Withdrawal Request Form Graduate

Office of the Registrar
263 Alden Street
Springfield, MA 01109-3797
Phone (413) 748-3530

Student Name: _____
Current Address: _____

Student I.D. : _____
Division: Graduate

Phone: _____

(Circle one): Resident Commuter

Major/Program of Study: _____

(Circle one): Full-time Part-time

Campus Location (applicable to SHS only): _____

Withdrawal (This is an official request to exit the College without the intent of returning.)

Semester of Withdrawal (or semester in which withdrawal begins):

Semester: _____ **Year:** _____

(If requesting a withdrawal for a future semester, note the beginning date of the semester)

Official Date of Withdrawal: _____

(Last day on campus in current semester or, if requesting a withdrawal for a future semester, note the beginning date of the semester)

Last Date of Class Attendance: _____

(Last day in class in current semester .. if requesting a withdrawal for the end of the current semester, note the last day of classes for the current semester)

Reason(s) for Withdrawal (circle all that apply):

- | | | | |
|---|---------------------------------|---|---------------------------------|
| A | Financial Difficulties | I | Not Motivated |
| B | Academic Difficulties | J | Pursuing non-academic interests |
| C | Program Difficulties | K | Employment |
| D | Dissatisfied with SC | L | Military |
| E | Transfer closer to home | M | Medical Reasons |
| F | Change of educational objective | N | Disciplinary Dismissal |
| G | Marriage | O | Other _____ |
| H | Family circumstances | | |

Signatures:

Student

Date

School Dean (or designee)

Date

Registrar or designee

Date