



Office of the Registrar
Registrar@saybrook.edu

WITHDRAWAL REQUEST FORM

This form is for students who wish to officially withdraw from Saybrook University. Inactivity in coursework does not constitute an official notice of withdrawal.

INSTRUCTIONS: Fill out the information below, including your handwritten signature. Email the document as an attachment to Registrar@saybrook.edu. Be sure to contact Student Accounts (studentaccounts@saybrook.edu) and Financial Aid (finaid@saybrook.edu) before withdrawing.

SECTION I: TO BE COMPLETED BY STUDENT

Student Name (print): _____ Student ID _____

Email Address (other than school account): _____ Degree Level/Program: _____

Current Enrollment: I plan to complete the courses I am enrolled in OR **My last semester of enrollment will be:** _____
 (choose one) I plan to withdraw from the courses I am currently enrolled in

Reason for withdrawal: (Please check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Need time off for work | <input type="checkbox"/> Classes conflict with work | <input type="checkbox"/> Program/courses not challenging |
| <input type="checkbox"/> Could not qualify for financial aid | <input type="checkbox"/> Not enough academic support | <input type="checkbox"/> Other (explain): |
| <input type="checkbox"/> Family financial problems | <input type="checkbox"/> Not enough in-person connection | |
| <input type="checkbox"/> Medical reasons | <input type="checkbox"/> Program too difficult | |

Please read and sign below:

"I understand that I am responsible for returning all library books and other borrowed materials and for fulfilling all financial obligations to the institution as outlined in the Academic Catalog. I also understand that withdrawing from the institution means that I will no longer have access to the school's electronic resources, including my school email account."

Student's Signature _____ Date _____

SECTION II: TO BE COMPLETED BY SAYBROOK/TCS STAFF

| FOR OFFICE USE ONLY | | | | | | | | | |
|---|--|---|--|------------|--|-----------------|--|---------------|--|
| DOD (Date Rec'd): | | Date Entered (CVue): | | LDA: | | NSLDS WDRWL: | | Drop Week: | |
| Course(s) Removed: <input type="checkbox"/> Yes (Unregistered) <input type="checkbox"/> No, Not Registered <input type="checkbox"/> No, Course(s) Dropped | | | | | | | Grade: <input type="checkbox"/> W <input type="checkbox"/> F <input checked="" type="checkbox"/> N/A | | |
| Registrar Processed: | | | | Comments: | | | | | |
| FA Counseling Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | FA Adjustment Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Refund %: | | Date Ref. Iss: | | | |
| Financial Aid Processed: | | | | Comments: | | | | | |
| Balance Due? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | Amount: \$ | | Date Ref. Iss: | | | |
| Student Accounts Processed: | | | | Comments: | | | | | |