

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 signature. Email the document as an attachment to academicadvising@saybrook.edu from your **Saybrook University email account**. It is also recommended that you speak with your Department Chair, instructors/Faculty Advisors, Academic Advisor and/or Student Affairs prior to submitting the form. Be sure to contact Student Accounts (studentaccounts@saybrook.edu) and Financial Aid (finaid@saybrook.edu) before withdrawing to understand the impacts to your financial account.

SECTION I: TO BE COMPLETED BY STUDENT

Student Name (print): _____ **Student ID** _____

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

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):

Academic <input type="checkbox"/> Changing Programs/Schools <input type="checkbox"/> Not enough academic support <input type="checkbox"/> Program too difficult <input type="checkbox"/> Program/courses not challenging <input type="checkbox"/> Obstacles to finishing thesis/dissertation <input type="checkbox"/> Program is not a good fit for career goals <input type="checkbox"/> Dissatisfaction with classroom environment	Employment <input type="checkbox"/> Need time off for work <input type="checkbox"/> Changing Roles/Jobs <input type="checkbox"/> Employer Support Terminated <input type="checkbox"/> Classes conflict with work Financial <input type="checkbox"/> Could not qualify for aid <input type="checkbox"/> Family financial problems	In-Person <input type="checkbox"/> Required in-person attendance <input type="checkbox"/> Lack of personal connection Personal/Health <input type="checkbox"/> Medical Reasons <input type="checkbox"/> Unable to balance School/Health <input type="checkbox"/> Loss of personal motivation
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Other (explain): _____

Please indicate all departments/staff/faculty that you have discussed your Withdrawal with:

<input type="checkbox"/> Department Chair	<input type="checkbox"/> Academic Advising	<input type="checkbox"/> Financial Aid
<input type="checkbox"/> Instructor(s)	<input type="checkbox"/> Registrar's Office	<input type="checkbox"/> Student Accounts
<input type="checkbox"/> Dissertation Chair	<input type="checkbox"/> Student Affairs	

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 type="checkbox"/> N/A		
Registrar Processed:				Comments:					
Scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No	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 (Initials):		
Special Tuition Rate? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, remove Agency Sponsor field)	Balance Due? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount: \$		Date Ref. Iss:		Student Accts Processed (Initials):			