SMITH COLLEGE
NOTIFICATION OF WITHDRAWAL

This form is to be filed with the registrar or the class dean.

NAME ____________________________ ID# _______________

CLASS _______ DATE OF WITHDRAWAL ____________________

Non Smith e-mail ________________ Cell phone ______________

REASON(S):
If more than one, please indicate primary reason here ____________________________

☐ Academic Difficulties

☐ Academic Programs

☐ Desire a coeducation experience

☐ Financial

☐ Geographic Location

☐ Health (if checked – you are required to meet with the Director of the Schacht Center before your status can be changed to withdrawn.)

☐ Other

__________________________________________
(please specify)

PLANS:

Do you intend to return to Smith? _______ If so, approximately when? ____________

Do you intend to study elsewhere in the meantime? ____________________________

If so, where? ___________________________________________________________

Do you intend to transfer? _______ If so, where? ____________________________

Other plans: ___________________________________________________________

SIGNATURE __________________________ DATE ____________

Conditions of withdrawal, the refund schedule and procedures for applying for readmission are specified on line at https://www.smith.edu/about-smith/class-deans/withdrawal

12/2019