

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(if checked – you are required to meet with the Director of the Schacht Center before your status can be changed to withdrawn.)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