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 may be required to obtain health clearance from the Schacht Center to return)

☐ 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

04/2019