Office of the Dean
NOTICE OF WITHDRAWAL

This form serves as an official notice of withdrawal from Saint Anselm College immediately and permanently. This form is NOT for dropping or withdrawing from classes, nor is it an application for a Leave of Absence from the College.

Name: ____________________________ Year of Graduation: __________________________

ID #: ____________________________ Major: ________________________________

Primary Advisor: ___________________________________________________________

Last Date of Class Attendance: __________________________ (month/day/year)

REASON FOR WITHDRAWAL:  ☑ check all those that apply.

☐ Financial ☐ To Work/Employment ☐ Medical/Health ☐ Athletics

☐ Military ☐ Residential Life ☐ Lack of Interest in Course Work

☐ Unprepared for college ☐ To be closer to home ☐ Family/Home Responsibilities

☐ Social life: ________________________________________________________________

☐ Other: ________________________________________________________________

☐ Major Not Offered; Major Desired: __________________________________________

☐ Transferring; Transferring to: ______________________________________________

I understand that the date indicated on this form is the official date of withdrawal and will be used to calculate tuition refunds when applicable.

Please read each item carefully and initial that you understand the terms and conditions:

I am familiar with the College’s refund policy and understand that I am responsible for all outstanding financial obligations to the College.  

Initials: _______

I understand that if I live in the Residence Halls it is my responsibility to meet with the Office of Residential Life before leaving the College.

Initials: _______

I understand that it is in my best interest to meet with the Financial Aid Office to discuss the financial implications of my withdrawal, including when student loans might become due.

Initials: _______

________________________________________  ______________________
Student Signature  Date

________________________________________  ______________________
Class Dean Signature  Date

cc: Registrar  Office of Financial Aid  Student Financial Services  Department Chairperson
    Office of Academic Advisement  Institutional Research  Dean of the College

For office use only:

Withdrawing Student Survey: ☐ Yes ☐ No  Revised: 1/4/16