

**Skidmore College  
Office of the Registrar**

**REQUEST TO WITHDRAW FROM THE COLLEGE**

Name: \_\_\_\_\_ ID: \_\_\_\_\_ Class Year: \_\_\_\_\_

(PLEASE PRINT)

**My signature below indicates my intent to withdraw from Skidmore College, effective:**

Date: \_\_\_\_\_ **-OR-** at the end of the \_\_\_\_\_ 20\_\_ semester

**Check all that apply:**

- I *do not* plan to return to Skidmore College
- I am transferring to another institution. Please specify institution: \_\_\_\_\_  
What major will you be pursuing there? \_\_\_\_\_

**The primary reason(s) for my withdrawal are: (Please check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> My major or interest area is not offered                       | <input type="checkbox"/> Peers are not as academically motivated   |
| <input type="checkbox"/> Student body not diverse enough                                | <input type="checkbox"/> Size of the school is too small   |
| <input type="checkbox"/> Medical/Illness  | <input type="checkbox"/> Saratoga is too isolated  |
| <input type="checkbox"/> Lack of school pride <i>and/or</i> sense of community          | <input type="checkbox"/> Could not find co-curricular activities of interest                                 |
| <input type="checkbox"/> Lack of social options that are alternatives to downtown       | <input type="checkbox"/> Coursework not challenging <i>and/or</i> faculty do not expect enough from students |
| <input type="checkbox"/> Want to be closer to home                                      | <input type="checkbox"/> Unable to transition to residential living  |
| <input type="checkbox"/> Financial difficulties   | <input type="checkbox"/> Need time to sort out future options  |
| <input type="checkbox"/> Variety of courses offered too limited                         | <input type="checkbox"/> Difficulty developing new friendships   |
| <input type="checkbox"/> Could not get into courses I wanted/needed                     | <input type="checkbox"/> Prefer larger university setting  |
| <input type="checkbox"/> Difficulty balancing academic obligations and social endeavors | <input type="checkbox"/> Personal/family difficulties  |
|   | <input type="checkbox"/> Other: _____<br>_____   |

Would you like to speak to a staff member about a leave of absence option before withdrawing from Skidmore?

Yes     No

**Students who withdraw after the semester begins must obtain a signature from one of the following offices:**

Office of Academic Advising \_\_\_\_\_

First Year Experience (*First Year Students only*) \_\_\_\_\_

Director of Opportunity Programs (*HEOP/AOP students only*) \_\_\_\_\_

Designated School Official from SAS (*International Students only*) \_\_\_\_\_

*Would you like to provide any additional information about the circumstances surrounding your decision? In particular, is there something Skidmore could work on to make the student experience more engaging? Please add remarks below and/or on the reverse side of this form.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_