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)

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

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: ____________________________

Updated 8-9-18