

Bryn Athyn College

Intent to Withdraw/Discontinue

This form indicates my intent to withdraw from Bryn Athyn College. I understand that by submitting this form, I will be removed from all classes in which I am enrolled and am responsible for all tuition and fees according to the refund schedule. I also understand that my withdrawal may affect athletic eligibility, ability to remain in campus housing, use of campus facilities, and my current and/or future financial aid awards.

Student Name: _____ **Date:** _____

Which term are you withdrawing from? _____ Do you plan to return in the future? _____

Athlete? Yes / No Sport(s) Played: _____

Please choose the option(s) that best describes your reason for leaving.

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Academic Difficulty | <input type="checkbox"/> Not the right fit | <input type="checkbox"/> Social |
| <input type="checkbox"/> Injury/Illness | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Personal/Family | <input type="checkbox"/> Transfer to: _____ | |
| <input type="checkbox"/> Other/Dissatisfaction with: _____ | | |

Required signatures and other suggested contacts

Once all portions have been signed by the appropriate offices, please submit this form to the Registrar.

ADVISOR (if your advisor is unavailable, you may meet with the Associate Dean Robin Cooper)

Signature: _____ Date: _____

Notes: _____

FINANCIAL AID: Brickman Admissions Wing #267-502-6034

Signature: _____ Date: _____

Refund Issued: Yes / No Notes: _____

***Withdraws may jeopardize student eligibility for scholarships, loans, and/or grants and I may be liable for tuition owed because of returned financial aid funds. Student Initials: _____ →**

BURSAR: *Madeline Berger, Brickman Admissions Wing #267-502-2493*

Signature: _____ Date: _____

Does student have outstanding balance: Yes / No Payment Plan? _____

Are you currently employed on campus? _____ Who is your supervisor? _____

DEAN OF ACADEMICS: *Dean Wendy Closterman #267-502-2567, or Associate Dean Robin Cooper, #267-502-2411*

Signature: _____ Date: _____

Notes: _____

RESIDENT STUDENTS ONLY: *Dean Suzanne Nelson, #267-502-2482,*

Signature: _____ Date: _____

Notes: _____

Move out date: _____

Please do not move out or leave school without going through the procedures outlined above. You may incur additional fees if you fail to follow the necessary checkout procedures.

FOR REGISTRAR USE ONLY:

Signature: _____ Date removed from courses: _____

Any additional follow up? _____