



OFFICE OF THE REGISTRAR OFFICIAL WITHDRAWAL FORM

The student identified below is requesting to end his/her enrollment and withdraw from Goodwin College effective on the date indicated on the bottom of this document. Official withdrawal policies are summarized below.

WITHDRAWAL AND TUITION REFUND POLICY

Withdrawals requested prior to the first day of the semester:

All courses for the semester will be removed from the student's transcript and 100% of total tuition (less fees and books purchased) will be refunded.

Withdrawals requested between day one and the 14th calendar day of the semester:

Courses will be dropped (DP) and 100% of total tuition; less \$500 per course withdrawn (less fees and books purchased) will be refunded.

Withdrawals requested after the 15th calendar day of the semester:

Courses will be withdrawn (W) and there is no tuition refunds. This may result in an institutional balance for which the student is financially liable.

I _____ have read and understand the withdrawal and tuition refund policy as noted above.
(Print name)

Student Signature: _____ Date: _____ Student ID: _____

REASON for WITHDRAWING: (Please check all that apply):

Goals Changed _____ Commuting Issues _____ Personal/Work Issues _____ Financial Concerns _____

Preferred Courses Unavailable _____ Not Accepted to a Selective Admission Program _____ Did Not Fit In _____

Coursework too Hard _____ Coursework too Easy _____ Not Enough Academic Support _____

Transferring to Another School (please indicate school) _____

Other (please describe) _____

What could the college have done to prevent your withdrawal?

Advisor Signature: _____	Date: _____
Financial Aid Signature: _____	Date: _____
Business Office Signature: _____	Date: _____
Registrar Signature: _____	Date: _____