Skidmore College Office of the Registrar

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

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: ____