

OFFICIAL WITHDRAWAL FROM THE COLLEGE

Please note: Official withdrawal does not occur until this form is returned to the Office of the Registrar.

NAME: _____ **Student ID #:** _____
Last First MI found on Goucher OneCard

PLEASE SELECT and COMPLETE a, b, or c:

- a. Withdrawing **prior to the start** of which semester _____
- b. Withdrawing **during** which semester _____; Date of last class attendance: _____
- c. Withdrawing **at the end** of which semester _____

***** IS WITHDRAWAL DUE TO EVENTS RELATED TO COVID? YES or NO** _____

“I understand that I am withdrawing from Goucher College.”

Student Signature _____ Date _____

Please email completed form to:

Registrar@goucher.edu

or fax to **410-337-3111**; or mail to:

Office of the Registrar, Goucher College, Dorsey 207, 1021 Dulaney Valley Road, Baltimore, MD 21286