GOUCHER | college

Semester Withdrawal Form

Office of the Registrar

Students will receive a "W" grade for each course enrolled in for the semester. Students are expected to register and return for the following semester, unless a leave of absence or official withdrawal from the college form is also submitted. If the semester withdrawal occurs after ten weeks and is for medical or compassionate reasons, follow the procedure in Part B.

Part A: All students complete Part A

Name: _____ Goucher ID: _____

Last (please print) First Middle

I am withdrawing from the college during the semester: O Fall Semester O Spring Semester

Reason: Please write a brief explanation below.

Semester Withdrawal _____

or

Medical/Compassionate Withdrawal _____

Is your explanation above related to a covid-19 emergency (illness of self or family member, economic hardship, no wifi, loss of childcare, need to become caregiver or first responder, increase in workhours as result of covid 19, other) ?__Yes ____No

Student Signature: _____Date: _____

Part B: Complete if withdrawal occurs after 10th week of the semester for <u>medical or compassionate reasons only.</u> Approval of the Associate Director of Student Support and Outreach is required for all withdrawals after the 10th week (see Medical/Compassionate Withdrawal Policy)

To withdraw from Goucher College for medical or compassionate reasons after the tenth week of classes a student must:

☐ Make an appointment for a closing interview with the Associate Director of Student Support and Outreach, if able to do so;

☐ Complete this withdrawal form;

- O <u>Medical withdrawal only</u>
  Attach to this form, in support of a medical withdrawal request, documentation from a treating healthcare provider on the letterhead of the provider including 1) diagnosis or condition; 2) date of onset of the condition; 3) dates of treatment; and 4) prognosis, and attach to this form the Medical Withdrawal – Healthcare Provider Release form

Documentation may also be required to support a request for compassionate leave, depending on the nature of the situation

☐ Return the completed forms and documentation to the Associate Director of Student Support and Outreach

☐ Consult with the offices of the Bursar and Financial Aid regarding the impact of withdrawal on the student's financial status at the college.

The Associate Director of Student Support and Outreach, in consultation with the Associate Provost for Undergraduate Studies, will make a determination about your request and notify you and the Registrar and other appropriate offices at the college.

For Office Use:

☐ MWD Approved

☐ HWD Approved (Dean of Students Hold)

☐ WFC or LOA following semester or medical withdrawal (include Official Withdrawal from the College or Leave of Absence form)

_____

Associate Director of Student Support and Outreach Date

Return completed request for medical or compassionate withdrawal in person, or by fax, mail or email:

Office of Student Support and Outreach
Goucher College
1021 Dulaney Valley Road
Baltimore, MD 21204
Alexandra.Graves@goucher.edu
Phone: 410-377-5088
Fax: 410-769-6494

For Registrar's Office

Staff:_____

Date:_____