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: ________________________________________________________________

Last (please print) First Middle Goucher ID

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

Reason: Please write a brief explanation below.

Semester Withdrawal__________________________________________________________

or

Medical/Compassionate Withdrawal____________________________________________

Student Signature: __________________________________________________________ Date: __________________________

Part B: Complete if withdrawal occurs after 10th week of the semester for medical or compassionate reasons only. 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 conversation with the Associate Director of Student Support and Outreach, if able to do so;

□ Complete this withdrawal form;

Medical withdrawal only

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 appropriate college officials, will make a determination about your request and will notify you, 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
Email: care@goucher.edu | Phone: 410-377-5088 | Fax: 410-769-6494

For Registrar’s Office
Staff: ________________
Date: ________________