

Semester Withdrawal Form (Office of the Registrar)

Students will receive a “W” grade for each course enrolled 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: _____

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Part B: Complete if withdrawal occurs after the 10th week of the semester for medical or compassionate reasons only. Approval of the Associate Director of Student Support and Outreach or the Dean of Students for Associate Vice President for Student Affairs 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 do the following:

- Make an [appointment](#) for a conversation with their advisor and follow up with SS+O;
- Complete the online application ([here](#))
- Review [Policy](#) and Complete this withdrawal form;
[Medical withdrawal only](#)
- Return the completed forms and documentation to the Associate Director of Student Support and Outreach;
 AND
- Consult with the Bursar and Financial Aid offices 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 determine your request and notify you, the Registrar, and other relevant offices at the college.

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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 _____

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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: 410-377-3210 | Fax: 410-769-6494

For Registrar’s Office Staff: _____ Date: _____
