

Office of the University Registrar

Henry Administration Building, Suite 12000 14000 Jericho Park Road Bowie, Maryland 20715 Phone: 301-860-3730 Fax: 301 -860-3438 www.bowiestate.edu

WITHDRAWAL DATA SHEET

Please Print Clearly

This form must be completed if you are withdrawing from the University.

Name		Date		
Address				
Street	City	State	Zip Code	
SID: Majo	or: Wit	hdrawal Effective Date: _		
Email:				
Check all that apply				
Undergraduate		Freshman	Resident	
Graduate		Sophomore	Commuter	
Male		Junior		
Female		Senior		
INDICATE REASO	N(S) FOR WITHD		WIE STATE UNIVERSITY	
Check all that apply:				
Academic Reason(s) Achieved my academic goals Transferring to another University Entered the military University experience not what I expected Moved out of the area School conflicts with work Other responsibilities became too great Personal reason Financial Reason(s) Could not obtain sufficient financial aid		Other Reason(s) Achieved my personal goals Accepted a job Courses/programs I wanted are not available Dissatisfied with my academic performance Dissatisfied with the quality of teaching Dissatisfied with the learning environment Illness Other		
Graduate Academic Advis UGrad Retention Coordin Resident Life Int'l Student Advisor Student Accounts				
Financial Aid				
Registrar Office				
Academic Advising Cente	r			
Auxiliary Services				
	No	te to the Student:		

I have been informed that withdrawing from Bowie State University may affect my financial status at the University, and I take full responsibility for any additional financial obligation that may result because of my withdrawal.

Signature: _____ Date: _____