



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: _____ Major: _____ Withdrawal Effective Date: _____

Email: _____

Check all that apply:

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Freshman | <input type="checkbox"/> Resident |
| <input type="checkbox"/> Graduate | <input type="checkbox"/> Sophomore | <input type="checkbox"/> Commuter |
| <input type="checkbox"/> Male | <input type="checkbox"/> Junior | |
| <input type="checkbox"/> Female | <input type="checkbox"/> Senior | * Do you receive Financial Aid? _____ |

INDICATE REASON(S) FOR WITHDRAWING FROM BOWIE STATE UNIVERSITY

Check all that apply:

Academic Reason(s)

- Achieved my academic goals
- Transferring to another University
- Dissatisfied with University experience
- Courses/programs I wanted are not available

Other Reason(s)

- Accepted a job
- Military
- Medical
- Personal Reason(s)
- Transportation
- Other

Financial Reason(s)

- Not enough money to continue
- Could not obtain sufficient financial aid

<input type="checkbox"/> Graduate Academic Advisor	_____	_____
<input type="checkbox"/> UGrad Retention Coordinator	_____	_____
<input type="checkbox"/> Resident Life	_____	_____
<input type="checkbox"/> Int'l Student Advisor	_____	_____
<input type="checkbox"/> Student Accounts	_____	_____
<input type="checkbox"/> Financial Aid	_____	_____
<input type="checkbox"/> Registrar Office	_____	_____
<input type="checkbox"/> Academic Advising Center	_____	_____
<input type="checkbox"/> Auxiliary Services (Bowie Card Office)	_____	_____

Note 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: _____

A WITHDRAWAL INTERVIEW IS REQUIRED WITH THE DEPARTMENT RETENTION COORDINATOR.