



**HOOD COLLEGE WITHDRAWAL
 UNDERGRADUATE**

Student Name: _____ Student ID: _____ Date: _____

Expected Graduation Date: _____ Effective Date of Withdrawal: _____

Current Status (check all that apply): Commuter Resident Full-time Part-time Leave of Absence

It is your responsibility to discuss the ramifications of a withdrawal with the appropriate offices. If you are withdrawing after the drop/add period, please also complete the Undergraduate Course Withdrawal Form.

All Students- Payment of a Remaining Balance: Any balance due at the time of withdrawal is due to the college within 90 days from the effective date of withdrawal, or the account will be forwarded to a collection agency and be subject to additional fees. For any questions, please contact accounting@hood.edu or call 301-696-3607.

Residential Students Only- Departure from Room: Within 24 hours of either the “Effective Date of Withdrawal” you write on this form or submit to the Office of the Registrar, you must move out of your room and return your room key and Hood College ID card to the Whitaker Campus Center front desk Campus Safety Switchboard staff (open 24/7). You should inform your Resident Assistant and roommate you are moving out. Your room should be cleaned, and all of your belongings must be removed. For any questions, please contact residencelife@hood.edu or call 301-696-3577.

STEP 1: Meet with Student Success Center to discuss your situation and determine if this is the best course of action.

SS Signature: _____ **Date:** _____
Library; (301) 696-3569

STEP 2: Meet with Financial Aid to discuss the impact a withdrawal may have on your student loans.

Financial Aid Signature: _____ **Date:** _____
Joseph Henry Apple 3rd floor; (301) 696-3411

STEP 3: Meet with Dean of Students.

Dean Signature: _____ **Date:** _____
Whittaker Student Life Suite; (301) 696-3579

STEP 4: If you are an international student attending on an F-1 visa, you must also obtain the signature of the College Primary Designated School Official (PDSO).

PDSO Signature: _____ **Date:** _____
Joseph Henry Apple 1st floor; (301) 696-3811

STEP 5: Return this completed form with signature to the Registrar’s Office; registrar@hood.edu or Joseph Henry Apple 2nd floor.

Reason for Withdrawal: Transfer (College) _____ Academic: (Specify) _____
 Church Mission Employment Financial Health Living Conditions
 Military Service Moving Personal Other: _____

Please explain reason(s): _____

Student Signature: _____ **Date:** _____