



## HOOD COLLEGE WITHDRAWAL – UNDERGRADUATE

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP 1:** Meet with Student Success Center, (formerly CAAR/Academic Services) to discuss your situation and determine if this is the best course of action.

**CAAR Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Rosenstock Hall 3rd floor; (301) 696-3314, [studentsuccess@hood.edu](mailto:studentsuccess@hood.edu)

**STEP 2:** Meet with Accounting to discuss your billing statement. **Accounting Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Alumnae Hall 2nd floor; (301) 696-3607

**STEP 3:** Meet with Financial Aid to discuss the impact a Leave of Absence may have on your student loans.

**Financial Aid Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Joseph Henry Apple 3rd floor; (301) 696-3411

**STEP 4:** Meet with Dean of Students. **Dean Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Alumnae Hall 2nd floor; (301) 696-3573

**STEP 5:** 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: \_\_\_\_\_

**STEP 6:** Return this completed form with signature to the Registrar’s Office; [registrar@hood.edu](mailto:registrar@hood.edu) or Joseph Henry Apple 2<sup>nd</sup> floor

**Expected Graduation Date:** \_\_\_\_\_ **Major:** \_\_\_\_\_ **Academic Advisor Name:** \_\_\_\_\_

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

**Effective Date of Withdrawal:** \_\_\_\_\_

**1. Reason for Withdrawal:**  Transfer (College) \_\_\_\_\_  Academic (Specify) \_\_\_\_\_

Church Mission  Employment  Financial  Health  Living Conditions  Moving

Military Service  Personal  No Reason  Other: \_\_\_\_\_

Please explain reason(s): \_\_\_\_\_

**2. What do you like best about Hood College?** \_\_\_\_\_

**3. What do you like least about Hood College?** \_\_\_\_\_

**4. What could Hood do to meet students’ needs more effectively?** \_\_\_\_\_

**5. Will you recommend Hood to others?** \_\_\_\_\_

**6. Is there anything that would change your decision to withdraw?** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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. Any questions please contact [residencelife@hood.edu](mailto:residencelife@hood.edu) or call 301-696-3577.

**For Office Use Only:** Admit/Matric Term & Year \_\_\_\_\_ FTF \_\_\_\_\_ Transfer \_\_\_\_\_ WD Code Entered: \_\_\_\_\_