

MARLBORO COLLEGE

POST-SEMESTER WITHDRAWAL FROM THE COLLEGE

To notify the College that you do not intend to return to Marlboro for next semester you must complete this form and submit it to the Registrar. **The effective date of withdrawal will be the last day of classes of the current (or prior) term.** The Registrar will officially notify administrative offices of your withdrawal once the completed form has been filed. Note that all privileges of being a Marlboro student cease upon withdrawal from the College: housing, library borrowing (unless you permanently reside in Marlboro; restrictions apply), meal plan, use of Total Health Center. Consult the appropriate Dean or Director for exceptions.

I DO NOT INTEND TO RETURN TO MARLBORO FOR THE FALL SPRING 20____ Semester.

Name: _____ WSP? Yes No

Reason for not returning: _____

Mailing address and phone number after you leave: _____

You must arrange for the following *required* exit interviews:

- Exit interview completed with the Director of Advising. (*If, after consultation with the Director of Advising, you decide to take a Leave of Absence instead of withdrawing, the Application for Leave of Absence must be completed and filed with the Registrar. The deadline is six weeks prior to the semester on leave*)
- Exit counseling with Financial Aid completed online – if you receive any financial aid. Contact finaid@marlboro.edu

(If you later wish to apply for readmission to the College, you should write a letter to the Dean of Faculty describing what you have been doing and what you hope to accomplish at Marlboro if you are readmitted. Please note that if you leave having been notified that you have been placed on academic probation, then you will return on academic probation.)

NOTE: According to the Family Educational Rights and Privacy law, if you requested that Directory Information be withheld, that request will be honored after you leave the College unless you notify the Registrar in writing otherwise. The hold means that we cannot verify dates of attendance or release your address or any other Directory Information.

Signed:	_____	_____
	Student	Date
APPROVED:	_____	_____
	Academic Advisor	Date
	_____	_____
	Director of Advising	Date
	_____	_____
	Financial Aid	Date
	_____	_____
	Library Staff	Date
	_____	_____
	Director of Student Accounts	Date
	_____	_____
	Director of Housing & Residential Life	Date

PLEASE SUBMIT THIS FORM TO THE REGISTRAR AFTER OBTAINING ALL SIGNATURES

