Bard College Berlin
A LIBERAL ARTS UNIVERSITY

Withdrawal from the College / Change of Program Form

Students use this form to formally withdraw from the College or to request a change in program. The Withdrawal / Change of Program will not be considered official until the form is returned with appropriate signatures to the Registrar's Office and processed.

Last Name: _________________________________ First Name: _____________________________

Permanent Address: ____

Email Address: _______________________________ DOB: _________________________________

Matriculation Number: _______________________

□ **Withdrawal from the College**

□ Change in Program from **BA** to **AY**
□ Change in Program from **AY** to **BA**
□ Change in Program from **BA in Humanities, the Arts, and Social Thought** to **Economics, Politics, and Social Thought**
□ Change in Program from **BA in Economics, Politics, and Social Thought** to **Humanities, the Arts, and Social Thought**

Reason for Withdrawal or Change in Program: □ Academic □ Financial □ Medical □ Personal

(Please Specify):
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Required Signatures:

____ ________________________________
Student Date

____ ________________________________
Academic Advisor Date

____ ________________________________
Dean Date

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Office use:

____________ _____________ ________________________________
Date received Date processed Processed by

Notes:____