

College Withdrawal Form

Students use this form to formally withdraw from the College. The Withdrawal will not be considered official until this form is returned with appropriate signatures to the Registrar's Office and processed. The Registrar's office will issue the students an exmatriculation document, confirming their withdrawal from the College. Withdrawals will be processed as quickly as possible. Please allow at least five working days to process a request; extra time may be necessary during peak periods (e.g. end of semester, registration, etc.).

Last Name:

First Name:

Student ID:

Phone Number:

Private Email Address (Non-BCB Email Address):

Permanent Address(es) (Please specify Addressee and relationship to the recipient in cases where you are not residing at the address):

Requested Withdrawal Date:

☐ As soon as possible ☐ End of the

Semester ☐ Other Date:

Reason for Withdrawal: ☐ Academic ☐ Financial ☐ Medical ☐ Personal

Reason (where applicable):

Required Signatures

Student Date

Student Life Date
(Abmeldung/Insurance etc.)

Academic Advisor Date

Front Office Date
(Clearing Packages and Mail)

Dean Date

Student Accounts Date
(Clearing Financial Holds and Balances)