CENTRE COLLEGE      FORM FOR WITHDRAWAL FROM THE COLLEGE

NAME: _________________________ Residence Hall: ___________________ Room #: ____________

Class: _______ Distance from your home to Centre: ___________________

If transferring, what college will you attend & what is your intended major: ______________________

_________________________________________________________________________________

Student ID #: ___________________ Date of Withdrawal __________________________

(Last day of class attendance)

NOTE: This should be the date you intend to leave campus. If this date is after the last date to drop a
class without a grade entry, you will receive a WP or WU in each of your courses based on your
instructor’s assessment as of the date of withdrawal. If you withdraw before the last day to drop without a
grade, your records will indicate a W for each of your courses. Withdrawal at the end of a term will result in
a regular grade. Withdrawal from the College during the final exam period is not permitted.

Please describe your primary reason for withdrawing from the College: _______________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Please describe your secondary reasons for withdrawal from the College: _____________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

On the back of this form, please describe briefly the positive and negative aspects of Centre College as
you see them.

After completing this form, please submit in person to the Associate Dean and the Dean of Student Life.

Associate Dean’s Signature ___________________ Date ___________________

Dean of Student Life Signature ___________________ Date ___________________

_______ I do not receive any form of financial aid.

_______ I do receive some financial aid. If checked, signature required;

________________________________________ Financial Aid Officer

Your signature: __________________________________________

After obtaining the required signatures, return this form to the Registrar’s Office with your student ID card
and parking sticker. Also, if living on campus, be sure to turn in your room key to your RA or the Housing
Office. Thank you.