

**Office of the University Registrar**

Henry Administration Building, Suite 12000
14000 Jericho Park Road
Bowie, Maryland 20715
Phone: 301-860-3730 Fax: 301-860-3438
www.bowiestate.edu

WITHDRAWAL DATA SHEET**Please Print Clearly****This form must be completed if you are withdrawing from the University.**

Name _____ Date _____

Address _____
Street City State Zip Code

SID: _____ Major: _____ Withdrawal Effective Date: _____

Email: _____

Check all that apply:

_____ Undergraduate

_____ Freshman

_____ Resident

_____ Graduate

_____ Sophomore

_____ Commuter

_____ Male

_____ Junior

_____ Female

_____ Senior

*** Do you receive Financial Aid?** _____**INDICATE REASON(S) FOR WITHDRAWING FROM BOWIE STATE UNIVERSITY**

Check all that apply:

Academic Reason(s)

_____ Achieved my academic goals

_____ Transferring to another University

_____ Entered the military

_____ University experience not what I expected

_____ Moved out of the area

_____ School conflicts with work

_____ Personal reason

_____ Other

Other Reason(s)

_____ Achieved my personal goals

_____ Accepted a job

_____ Courses/programs I wanted are not available

_____ Dissatisfied with my academic performance

_____ Dissatisfied with the quality of teaching

_____ Dissatisfied with the learning environment

_____ Illness

_____ Transportation

Financial Reason(s)

_____ Not enough money to continue

_____ Could not obtain sufficient financial aid

_____ Graduate Academic Advisor

_____ UGrad Retention Coordinator

_____ Resident Life

_____ Int'l Student Advisor

_____ Student Accounts

_____ Financial Aid

_____ Registrar Office

_____ Academic Advising Center

_____ Auxiliary Services (Bowie Card Office)

Note to the Student:

I have been informed that withdrawing from Bowie State University may affect my financial status at the University, and I take full responsibility for any additional financial obligation that may result because of my withdrawal.

Signature: _____ Date: _____