



**Office of the University Registrar**

Henry Administration Building, Suite 1400  
14000 Jericho Park Road  
Bowie, Maryland 20715  
Phone: 301-860-3730 Fax: 301 -860-3438  
Registrar@bowiestate.edu

**UNIVERSITY WITHDRAWAL**

This form must be completed if you are withdrawing from the University. Once completed, email it to Registrar@bowiestate.edu using your BSU email account or bring the physical form to the office located in the Henry Administration Building (please have a form of ID with you).

Name \_\_\_\_\_ Date \_\_\_\_\_

ID: \_\_\_\_\_ Email \_\_\_\_\_ Semester of Withdrawal: \_\_\_\_\_ Year: \_\_\_\_\_

**If submitting prior to last day of classes, hold for current semester grades: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Please select one of the following:**

\_\_\_\_ I plan to return to BSU for a future semester. If I do not enroll at the University within one calendar year, I will be fully withdrawn from the University and need to apply for readmission if I wish to return.

\_\_\_\_ I wish to completely withdraw from BSU and have no plan to return. I will need to apply for readmission if I wish to attend in the future.

**Reasons for withdrawing from Bowie State University. Check all that apply:**

**Academic Reason(s)**

- \_\_\_\_ Achieved my academic goals
- \_\_\_\_ Transferring to another University
- \_\_\_\_ Dissatisfied with University experience
- \_\_\_\_ Desired Courses/Programs are not available
- \_\_\_\_ Need a break from BSU
- \_\_\_\_ Dissatisfied with my academic performance

**Other Reasons**

- \_\_\_\_ Medical\*
  - \_\_\_\_ Financial Reasons
  - \_\_\_\_ Accepted a job
  - \_\_\_\_ Military\*
  - \_\_\_\_ Personal Reason(s)
  - \_\_\_\_ Transportation
- Other: \_\_\_\_\_

\* Students withdrawing for medical reasons should also complete the Medical Withdrawal Form through the Henry Wise Wellness Center for potential tuition and fee adjustment consideration (after the add/drop period).

\* Students who are called to serve by the military should provide a copy of current orders with this form

**Considerations**

**Financial Assistance or Scholarships:** Students with any form of financial assistance (grants, scholarships, or loans) should contact the Office of Financial Aid prior to withdrawing as there can be current and future aid implications.

**On-Campus Housing:** Students must be enrolled in courses to live on-campus. Students withdrawing from all courses are not permitted to live in University housing.

**Student-Athletes:** Student-athletes must meet certain criteria to maintain NCAA eligibility. Student Athletes should meet with their Athletic Advisor before withdrawing from the University

**International Students:** International students must consult with the International Student Services Office to discuss any visa implications prior to submitting a Medical Withdrawal Form.

**Military Benefits:** Prior to withdrawing, students utilizing military benefits should meet with the Military Resource Center as there can be current and future aid implications.

**Statement of Understanding**

**Read and initial each statement then sign below**

\_\_\_\_ I have considered and understand the ramifications that withdrawing will potentially have as it relates to my tuition billing and financial obligations, financial aid, housing, degree progress and other services pertinent to me.

\_\_\_\_ I understand that if I completely withdraw (as indicated above) and wish to later come back to BSU, I need to apply for readmission.

\_\_\_\_ I understand that If plan to return within one calendar year (as indicated above) but do not enroll in courses, I will be fully withdrawn and need to apply for readmission

\_\_\_\_ I understand that my information will be shared with other BSU offices to assist with the processing (i.e., Student Accounts, Financial Aid, Housing, etc.).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Advisor/Program Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

