Withdrawal Form

Any student wishing to withdraw from a program must first consult with his/her faculty advisor. Depending on the date of the withdrawal, the student may be responsible for all non-refundable fees and non-recoverable costs associated with their program. Withdrawal is granted when the student no longer wishes to be actively pursuing an academic course of study at the School of Education. When a student withdraws:

- The Office of the Registrar cancels the student's registration for any future term(s), if applicable.
- The Office of Financial Aid suspends financial aid to the student, if applicable.
- The Office of International Services performs duties as required by US federal regulations regarding persons no longer eligible to study at the University.

NOTE: A student who formally withdraws from a program, but who subsequently wishes to be reinstated, must re-apply following the School’s regular application process.

Once completed, you may fax this form to 410-516-9817 or scan and email it to soe.registration@jhu.edu or mail to School of Education, Registrar’s Office, 6740 Alexander Bell Dr., Suite 110, Columbia, MD 21046

Please print:

Today’s date: ________________________ Student ID: _______________________

Name: ____________________________________________

Last first middle

Phone number: ________________________ Email address: _______________________

Program(s) in which you are enrolled: __________________________________________

Academic advisor: ______________________________________________________________________________________________

Term of withdrawal: Term: __________ year: __________

Reason(s) for withdrawal:

☐ Financial
☐ Health
☐ Academic Difficulty
☐ Other: __________________________

Are you currently enrolled? ______ NO ______ YES

Do you wish to be withdrawn from your current coursework? ______ NO ______ YES

Note: You will NOT be withdrawn from your current coursework if it is beyond the date to withdraw for the term. Please refer to the Drop/Withdrawal Calendar.

Are you an international student? ______ NO ______ YES

Are you currently receiving financial aid? ______ NO ______ YES

Are you currently receiving veteran’s benefits? ______ NO ______ YES

I affirm that the information on this withdrawal form is accurate and that I have informed my advisor that I am withdrawing from my program and the School of Education.

Student’s signature: ____________________________________________ Date: ______________________

For Office Use Only:

Rec’d Date in RO: __________________________

Cc: Program Area Lead, Financial Aid office (if applicable), Office of International Services (if applicable)  Eff: 5/18