



Mount Ida College
College Withdrawal Form

Office of the Registrar, 777 Dedham Street, Newton, MA 02459
phone: 617-928-4503 ~ fax: 617-928-4728 ~ registrar@mountida.edu

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ ID #: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

I wish to withdraw as of: dd/mm/yyyy: \_\_\_\_\_

[ ] I do not plan to return [ ] Commuter

[ ] I plan to return on mm/yyyy: \_\_\_\_\_ [ ] Resident

Please obtain the following signature:

Bursar's Office: \_\_\_\_\_ Date: \_\_\_\_\_

Resident and/or International Students, please obtain the applicable signatures:

Dir. of Residence Life: \_\_\_\_\_ Date: \_\_\_\_\_

Dir. Of International Students: \_\_\_\_\_ Date: \_\_\_\_\_

Please obtain one of the following signatures:

Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Academic Services: \_\_\_\_\_ Date: \_\_\_\_\_

V. P. of Student Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

Assoc. V. P. for Academic Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

I wish to withdraw for the following reasons:

[ ] Academic \_\_\_\_\_

[ ] Financial \_\_\_\_\_

[ ] Health \_\_\_\_\_

[ ] Residential \_\_\_\_\_

[ ] Other \_\_\_\_\_

I acknowledge that I understand my obligations under the Contract Terms and College Charges Adjustment Policy as delineated in the College Catalog. I understand that I will be notified of changes to my Financial Aid, loans and tuition within 30 days of the completion of this form. I also acknowledge that my official withdrawal date will be determined by the Registrar upon receipt of this form.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar's Signature: \_\_\_\_\_ Official Withdrawal Date: \_\_\_\_\_