

# BENNINGTON COLLEGE

## POSTBAC WITHDRAWAL FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date you entered Bennington: \_\_\_\_\_  
Campus house/address: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Withdrawal effective:

Check one:  Summer  Fall  Spring Year \_\_\_\_\_

Check one:  end-of-term withdrawal  mid-term withdrawal

If a mid-term withdrawal, date of last class attended: \_\_\_\_\_

**Please summarize your reasons for withdrawing:**

**Please comment briefly on your experience as a student at Bennington:**

**Please mark below the importance of the following factors in your decision to leave:**

### Quality of my academic performance

Major reason  Minor reason  Not a reason

**If you checked major or minor reason, please comment.**

### Financial Issues

Major reason  Minor reason  Not a reason

**If you checked major or minor reason, please comment.**

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## Health Issues

- Major reason                       Minor reason                       Not a reason

If you checked major or minor reason, please comment.

Are there additional resources that could have helped you complete the program?

Explain:

I am aware of the Refund Policy for the Postbac Program.    Yes                       No

Please fill out this form and return it to the Provost and Dean’s Office in Barn 123. Failure to submit the form may impact potential reimbursements or your official standing at the college.

This is an official notice of withdrawal from Bennington College. If the College is in session, you must meet with an Academic Services staff member before leaving Bennington (and the Financial Aid Office, if applicable).

Student’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provost and Dean’s Office signature: \_\_\_\_\_ Date: \_\_\_\_\_