BENNINGTON COLLEGE

WITHDRAWAL FORM

Name:	Date:		
Date you entered Bennington:	Current	Term:	
Faculty Advisor:			
Campus house/address:			
Permanent Address:			
City:		Zip:	
Phone #:	Email:		
Withdrawal effective:			
Check one: □ Fall □ Spring	Year		
Check one: end-of-term withd		hdrawal	
If a mid-term withdrawal, date of la			
If you are withdrawing during FW			
Please summarize your reasons for	r withdrawing:		
When you were choosing colleges,			
Please comment briefly on your ex	cperience as an advisee a	t Bennington:	
Please mark below the importance My experience of Bennington's acc	ademic programs	s in your decision to leave: □ Not a reason	
If you checked major or minor rea	son, please comment.		
Quality of my academic performand		□ Not a reason	
If you checked major or minor rea	son, please comment.		

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My experience of Bennington	ı's residential/social life		
□ Major reason	□ Minor reason	□ Not a reason	
If you checked major or mino	r reason, please comment.		
Financial Issues □ Major reason	□ Minor reason	□ Not a reason	
If you checked major or mino	r reason, please comment.		
Have you met with anyone fr	om the financial aid office to	o discuss your concerns? 🗆 Yes 🗆 N	Jo
Health Issues □ Major reason	□ Minor reason	□ Not a reason	
If you checked major or mino	r reason, please comment.		
meet with an Academic Servic if applicable). If you wish to a writing to the Provost's Office reentry in the following spring	res staff member before leavir pply for readmission at some by April 1 for re-entry in the g term. Re-entry after withdra	llege. If the College is in session, young Bennington (and the Financial Aid time in the future, you must do so it following fall term and by October wal is at the sole discretion of the Co	d Offic n 1 for
I understand that there will be Bennington College and if I ta	-	ge per term payable if I return to edit is transferred.	
Student's signature:		Date:	_
Provost's Office signature:	Γ	Oate:	