Instructions for Withdrawing

Complete the **Withdrawal Form**. Fill in all blanks. Be sure to note your last day in class. Meet with your advisor and have your advisor sign your completed **Withdrawal Form**.

1. Complete the **Withdrawal Exit Interview Form**. Only your answers will be submitted, not your name.
2. Complete the **Course Record**, if presently enrolled in classes. Take to all instructors for signatures and grade assignment of “W” or “WF” along with last date attended. Meet with your advisor and have your advisor sign your completed **Course Record** (Students withdrawing medically do not have to complete this form. Medical withdrawals will be assigned an automatic “WS”).
3. Turn the completed and signed Withdrawal Form, Exit Interview, and Course Record to Academic Services, room 242 in Hermann Hall or mail in the self-addressed envelope provided. No postage is required.

**Things you need to do:**

- Contact the Mount Berry post office at (706) 236-2201. Turn in your postal box key and complete change-of-address form.
- Contact the library at (706) 236-1740. Turn in all library books and clear any fines.
- If living on campus, contact Residence Life Office, turn in room keys and complete paperwork.
- If you need to order a transcript from the Registrar’s Office, you can do so by going to the National Student Clearinghouse website at [www.getmytranscript.org](http://www.getmytranscript.org) or [www.studentclearinghouse.org](http://www.studentclearinghouse.org) Choose Berry College and follow their instructions. Mark “after grades are posted” for end of term transcripts.

**CALL CAMPUS EXTENSION 2229 OR COME BY HERMANN HALL ROOM 242, IF YOU HAVE QUESTIONS OR NEED ASSISTANCE WITH COMPLETEING THE WITHDRAWAL PROCESS.**

Academic Services: tel. 706-236-2229; fax: 706-238-7972

Berry College Academic Services Revised: 11/12/2009
BERRY COLLEGE
WITHDRAWAL FORM

Name ___________________________________________________________  Student No. _________________

Date of Birth _____________________________

Classification: Freshman _____  Sophomore _____   Junior _____   Senior _____   Advisor:__________________

How many semesters have you been at Berry? _____

My last day in classes was / will be (date) ___________________________________________________________

Do you plan to return to Berry?   No _____  Yes _____  When _________________________________________

Reason for withdrawal _________________________________________________________________________

Major ________________________________________________________ Campus P.O. Box # _____________

Commuter _____  Resident _____  Residence Hall ______________________  Telephone No. _______________

Forwarding Address ___________________________________________________________________________

________________________________________________________________________________________

Telephone No. _______________

Check if you are receiving:  Federal Perkins Loan  ______    Georgia Tuition Grant ______

VA Benefits _____        Federal Stafford Loan ______

I understand that any remaining financial obligations to Berry College will be deducted from my account and that
the Registrar will not release copies of my academic record until all such obligations have been cleared.

NOTE:  For refund of the housing deposit, this form must be received by the office of the Dean of Academic
Services by the final date of the official pre-registration for the subsequent semester.  The form for this refund must
be completed in the office of residence life before any refund can be authorized.

________________________________   ___________     ___________________________   ___________

Student’s Signature                          Date                         Advisor’s Signature                     Date

For Office Use Only:

Business Office:   Financial Obligations:  Satisfactory _____  Unsatisfactory ______

_________________________________________________________          ______________

Business Office Approval Signature

Office of the Dean:  Request approved _________        Letter sent to student ___________________ (date)

Copy to advisor (s) ________________ (date)

Distribution of form:  Original – Office of Registrar

Financial Aid Office  Business Office
Dean of Academic Services  Dean of Students

4/2012
1. What attracted you to Berry?

2. Has the factor that attracted you to Berry changed? __yes __no If so, how?

3. What have you liked most about your experience at Berry?

4. What have you liked least about your experience at Berry?

5. Did you visit Berry before your SOAR session?

6. At the time you enrolled, how long did you plan to attend Berry? ______years

7. Do you plan to return to Berry? __yes ___no ___maybe If so, when? ______

8. What are your plans for the immediate future? IF transferring to another school, why did you select that college or university? What will you major in?

9. What would have improved your experience at Berry?

10. Are there other comments you would like to make about your Berry experience? (Please feel free to use back of sheet.)