

Skidmore College  
Office of the Registrar

**REQUEST TO WITHDRAW FROM THE COLLEGE**

Name: \_\_\_\_\_ ID: \_\_\_\_\_ Class Year: \_\_\_\_\_

(PLEASE PRINT)

**My signature below indicates my intent to withdraw from Skidmore College, effective:**

Date: \_\_\_\_\_ **-OR-** at the end of the \_\_\_\_\_ 20\_\_ semester

**Check all that apply:**