

SALLY MCDONNELL BARKSDALE HONORS COLLEGE

REQUEST FOR WITHDRAWAL

Name _____

Local Mailing Address _____
Street City State Zip

Local Phone _____ Email _____ Student ID _____

Major(s) _____

Minor(s), if any _____

To complete this withdrawal, you must meet with the chair of your major department (or dean/associate dean for accountancy, business, journalism or pharmacy) and have him/her sign this form.

Please mark your reason(s) for wanting to withdraw from the Sally McDonnell Barksdale Honors College and add any comments:

- I don't think I can earn enough honors hours
- I don't have time in my schedule to complete the thesis
- I don't have time to complete the CAC requirement
- I don't think my GPA will be high enough to remain in/graduate from the SMBHC
- Other (please explain)

Describe your experience with the Honors College. What was good? What would you like to see improved for other students?

Student's Signature

Date

Department Chair or Dean's Signature

Date

Honors Dean

Date