



PROGRAM WITHDRAWAL FORM

Name: _____ Program: _____
Date: _____ Student ID: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ Evening Phone: _____

Note: Please include an add/drop form if you are registered for any courses.

Please check your reasons for voluntarily withdrawing from the program:

Academic:

- Subject matter too demanding
- Subject matter not demanding enough
- Another program better suits my needs
- Program did not meet my expectations
- Dissatisfied with performance of faculty
- Leaving the Program
- Other: _____

Personal

- Program requires too much time
- Financial problems
- Family obligations
- Transferred/moved out of area
- Job demands

I understand that I am responsible for any financial penalty that may be incurred due to withdrawing from the program.

Student Financial Services:

Account in good standing: Yes No Balance: _____

(Student Financial Services and Program Chair signatures are required prior to submission to the Registrar's office)

Student Financial Services Signature: _____ **Date:** _____

Program Chair Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Office Use Only:

Exit Interview completed with: _____ on _____ (Date)
(Advisor)

Comments: _____

Last Date of Attendance Updated: Yes Last Date of Attendance: _____ Drop Date: _____

Recorded in Student Database: Yes Registrar's Signature: _____

Note: Drop date should match the date at the top of this form.

Original: Academic File
Copy: Financial Aid; Student