HOOD COLLEGE – WITHDRAWAL – UNDERGRADUATE

NAME: ___________________________ ID# ___________________________

Matriculation Date: ___________________________ Expected Grad Date: ___________________________

Current Status: 1. [ ] Commuter [ ] Resident
(Check 1 & 2) 2. [ ] Full-time [ ] Part-time

TODAY’S DATE: ___________________________

MAJOR: ___________________________ ADVISOR: ___________________________

1. Effective Date of Withdrawal: ___________________________

Reason for withdrawal:
| [ ] Transfer (College) | [ ] Church Mission | [ ] Deceased |
| [ ] Academic (Specify) | [ ] Financial | [ ] Health |
| [ ] Academic dismissal | [ ] Military Service | [ ] Perm Disability |
| [ ] Employment | [ ] Did not return from leave | [ ] Military Service |
| [ ] Living Conditions | [ ] Failed to register | [ ] Perm Disability |
| [ ] Personal | [ ] Non-academic dismissal |
| [ ] No Reason | [ ] Non-academic dismissal |
| [ ] Schedule Conflicts | [ ] Other: ___________________________

Please explain reason(s):

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

2. Of the reasons described above, which is the primary reason for leaving Hood? ___________________________

3. What do you like best about Hood College? ___________________________

4. What do you like least about Hood College? ___________________________

5. What could Hood do to meet students’ needs more effectively? ___________________________

6. Will you recommend Hood to others? ___________________________

7. Is there anything that would change your decision to withdraw? ___________________________

SIGNATURES NEEDED:

Financial Aid ___________________________ Accounting ___________________________

Dean of Students ___________________________ Academic Services ___________________________

[ ] Exit interview conducted – Signature ___________________________ Date ___________________________

Student ___________________________ Date ___________________________