

PLEASE PRINT THIS FORM, COMPLETE AND CIRCULATE TO THE APPROPRIATE OFFICES.

Non-Return and Withdrawal Form



Name _____ (Last) _____ (First) _____ (Middle Initial)

Permanent Address _____ Phone: (Area) _____ (Number) _____

Current Address _____ Phone: (Area) _____ (Number) _____

Student Number _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS ABOUT YOUR DEPARTURE FROM HOPE COLLEGE

- 1. Will you be transferring to another College or University? Yes No
If yes, give the institution name and the major you plan to pursue.
College/University _____ Major _____
- 2. Will you complete the semester in which you are currently enrolled? Yes No
- OR**
- 3. Are you withdrawing during the semester? Yes No
- 4. Please select one of the following reasons for your departure:
 Academic Employment Financial Medical Military Personal Circumstances
- 5. Do you plan to readmit to Hope? Yes No
If so, for what term? _____

6. *(Optional)* If you wish to further explain or make a comment about your departure, please do so below.

PLEASE SIGN YOUR NAME AND DATE. THE PROCESS IS NOT COMPLETE UNTIL ALL DEPARTMENTS HAVE SIGNED.

X _____ **X** _____
Student Signature Date Dean of Students Signature Date

X _____ **X** _____
Financial Aid Signature Date Business Services Signature Date

X _____
Registrar Signature Date

Office Use only Status: _____ WD Date: _____ Reason: _____ Code: _____

Note to Signing Departments/Offices: This is a web provided form. Please sign for your department/office and then circulate to any unsigned department or office. The original copy goes to the Registrar for the student's official record. You will receive a copy from the Registrar's Office.