

**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

If yes, exact date you last attended class(es) \_\_\_\_\_  
 Month / Day / Year

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: _____
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**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.**