

Marygrove College Withdrawal from College

REG8011

Use this form if you are withdrawing from all your courses and do not expect to return to the college or if you intend to withdraw from the college after the end of term.

This form must be returned to the Registrar's Office for processing.

Name _____ ID _____

Address _____

City _____ State _____ Zip _____

Phone () _____ E-mail _____

Major _____

Check Reason for Leaving

AC Academic ___	CT Went to competitor___	FA Financial Aid Denied___
FI Financial___	GI Group Issues___	JB Job Loss/ Job Uncertainty___
MA Moved Away___	ME Medical___	ML Military call of duty___
MT Maternity___	NI No Longer interested___	NR No reason given___
OT Other___	PF Personal/Family___	PG Program Unsatisfactory___
RE Relocated___	SC Schedule Change___	WA Withdrawn/Admitted___
WI Withdrawn/Incomplete file___		

Are you receiving VA Benefits? Yes___ No___

Dorm Resident: Yes___ No___ If yes the Director of Residence Life must sign below.

Athlete: Yes___ No___ If yes the Director of Athletics must sign below.

International student: Yes___ No___ If yes the Director of Study Abroad must sign below.

Will you be completing your courses this term? _____

If you do not complete your courses this term you will be dropped or withdrawn from all courses depending on the date this form is received in the Registrar's Office.

I understand that I will be required to pay tuition and fees based on Marygrove's published refund policy and the withdrawal date on this form.

Student Signature _____ Date _____

Director of Residence Life Signature _____ Date _____

Athletic Director's Signature _____ Date _____

Study Abroad Directors Signature _____ Date _____

Director of Retention and Student Success _____ Date _____

Financial Aid Advisement Provided Financial Aid Signature _____ **(Required for all)**

Registrar's Office _____ Date _____

Recorded by _____ Date _____