Marygrove College Stop-Out Form



Use this form if you need to take a temporary leave from school but are not permanently withdrawing.

Should a stop out extend beyond 6 months the student will go into repayment.

Name	ID		
Address			
City	State	Zip	
Phone ()	E-mail		
Major	Do you	ı live in the dorms? YES_	NO
Do you participate in sports? YES Are you an international student? YES below.	NO If ye	es the Director of Study Al	oroad must sigr
When do you plan to return?	Are you receivi	ng VA benefits?	
Why do you need to stop-out?			
Will you be completing your courses this			
depending on the date this form is received the second sec	ved in the Registrar's Of		
I understand that I will be required to p policy and the withdrawal date on this	-	ed on Marygrove's publis	hed refund
Student Signature		Date	
Athletic Director's Signature		Date	
Study Abroad Directors Signature		Date	
Director of Residence Life Signature		Date	
Financial Aid Advisement Provided Fina	ancial Aid Signature		_Date
Recorded by		Date	

Registrar's Office 09/10