

Questions?

Phone: 616-632-2866

Email: registrar@aquinas.edu

## Aquinas College Student Withdrawal Record

Please fill out the top portion of the Withdrawal Form. Once your withdrawal is complete you will receive a final copy of this form with important information from the various departments.

Student Information						
Today's Date:	Student ID Number:		Name (first, middle initial, last):			
Current Address (street, apartment number, PO Box, city, state, zip, country):						
Home Address (street, apartment number, PO Box, city, state, zip, country):						
Class Status: Freshman So	ophomore	Junior	Senior	Unclassified		
Student Type: Regular CE UDM GRAD		Date of Intended Student Signatur				
Additional Information						
Do you live on campus? Yes No		Do you have a meal plan? Yes No			Have you used any Yes	y library services?  No
Reason for Withdrawal (Please check <u>all</u> appropriate reasons):						
Aquinas does not offer the educational program I want.						
Desired Program						
Financial Reasons:Sufficient aid was not available						
	I mu	ust leave to take a job				
Personal Reasons	:Acad	demic	Family			
	Heal	th	Other			
Do you intend on returning to Aquinas? Yes No						
If so, what semester:						