



|   | Excellent                | Very Good                | Good                     | Fair                     | Poor                     | Not Applicable           |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Facilities (classrooms, library, clinical sites, etc.)..... | <input type="checkbox"/> |
| Financial Aid (accuracy, dependability).....                | <input type="checkbox"/> |
| Parking .....   | <input type="checkbox"/> |
| Personal Counseling .....                                   | <input type="checkbox"/> |
| Quality of Instructors.....                                 | <input type="checkbox"/> |
| Student/Faculty Relationships.....                          | <input type="checkbox"/> |
| Student Clubs/Organizations.....                            | <input type="checkbox"/> |
| Tutoring.....   | <input type="checkbox"/> |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Please read before withdrawing from Mercy College**

This form is to be used by students who are withdrawing from ALL courses in a single semester or are withdrawing from Mercy College. Withdrawing from Mercy College will change your student status. You should consider how this decision may affect you, including but not limited to: financial aid, social security, veteran’s benefits, or a scholarship. The completion of a withdrawal from Mercy College does not necessarily mean a clearance of financial or other obligations. All obligations to the College must be met regardless of your withdrawing status. Refunds, if any, at the time of completion of the withdrawing process are according to the refund schedule listed in the catalog.

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 MCHS Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

**Withdrawal Term (check one)**    Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

Step 1- Advisor \_\_\_\_\_ Date: \_\_\_\_\_  
 Step 2- Financial Aid \_\_\_\_\_ Date: \_\_\_\_\_  
 Step 3- Business Office \_\_\_\_\_ Date: \_\_\_\_\_  
 Step 4- Library \_\_\_\_\_ Date: \_\_\_\_\_  
 Step 5- Registrar \_\_\_\_\_ Date: \_\_\_\_\_

**Official Withdrawal Date:** \_\_\_\_\_  
**Staff Initials:** \_\_\_\_\_

|                          |
|--------------------------|
| _____ Datatel            |
| _____ Excel              |
| _____ Email Notification |
| _____ Staff Initials     |