



Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID # \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Advisor: \_\_\_\_\_ Program: \_\_\_\_\_ Last Date of Attendance: \_\_\_\_\_

Do you plan to return to Mercy College?    ☐ Yes    ☐ No    ☐ Undecided

If yes, when? (term, year) \_\_\_\_\_

Will you be transferring?    ☐ Yes    ☐ No    ☐ Undecided

If yes, where? \_\_\_\_\_

<input type="checkbox"/> Academic difficulty	<input type="checkbox"/> Family situation	<input type="checkbox"/> Relationships
<input type="checkbox"/> Advisor/Faculty issues	<input type="checkbox"/> Financial	<input type="checkbox"/> Program/College policies:
<input type="checkbox"/> Academic program: not offered	<input type="checkbox"/> Homesick	<input type="checkbox"/> _____
<input type="checkbox"/> Academic program: not admitted	<input type="checkbox"/> Illness	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Academic goals unclear	<input type="checkbox"/> Military deployment/service	
<input type="checkbox"/> Employment/Work commitment	<input type="checkbox"/> Personal	

Please elaborate on the major reason you are withdrawing from Mercy College: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[illegible]

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

<input type="checkbox"/> <b>Datatel</b> <input type="checkbox"/> <b>Excel</b> <input type="checkbox"/> <b>Email Notification</b> <input type="checkbox"/> <b>Staff Initials</b>
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