



NOTIFICATION OF STUDENT WITHDRAWAL

Name: _____ (Print)

Today's Date: ____/____/____

Permanent Address: _____

Student ID: _____

Phone: (____) ____-____

E-Mail: _____

- Withdraw Term: [] Summer 20 [] Fall 20 [] J-Term 20 [] Spring 20
Are you an: [] Undergraduate [] Graduate [] Non-Matriculate

- 1. What was the last day you attended classes during the semester you are withdrawing from?
2. Do you receive financial aid? (loans, grants, etc.)
3. Do you plan to return to PLU?
4. Are you transferring to another school?
If yes, which school will you be attending?

5. Why are you leaving Pacific Lutheran University? Please check all that apply.

PERSONAL

- Family/personal health related problems
Need time away from studies
Moving or transferred to new location
Commuting distance too great
Child care problems
Family responsibilities
Emotional problems
Felt racial/ethnic tension
Felt disconnected
Want to live closer to family
Taking time to travel
Uncertain of my future plans
Roommate difficulty
Church Missionary Work

INSTITUTIONAL

- Desired major not offered
Academic Advising was inadequate
Class scheduling problems
Unhappy with university rules/regulations
Problems with university faculty/staff
Dissatisfied with the social life
University is too liberal
University is too conservative

FINANCIAL

- Insufficient financial aid received
Tuition and fees are not affordable
Inadequate student employment
Need time to make money for school
Billing problems

ACADEMIC

- Classes are too difficult
Classes are not challenging
Too many required classes
Disappointed with quality of teaching
Taking prerequisites elsewhere

EMPLOYMENT

- Want to obtain work experience
Accepted a full-time job
Conflict between demands of job and school

6. Is there anything that the University might do to help you remain a student? _____

7. Your initials Completion of this form will automatically terminate your room and meal contracts. However students currently residing on campus are required to check out of their room with the Residence Hall Staff. Room and meal charges continue to accrue, until a Room Condition Report is completed and the room is vacated. Check out with any RA or RD from your building.

8. SIGNATURE: _____ Date: ____/____/____

SSVC Counselor: _____