



NOTIFICATION OF STUDENT WITHDRAWAL

Name: _____ PLU ID: _____

Email: _____ Phone: _____

- **Student Level:** Undergraduate Graduate Non-Matric International *(ISS signature required)*
- **Withdrawal Term:** Summer 20__ Fall 20__ J-term 20__ Spring 20__
- **Have you attended any classes in the withdrawal term indicated above?** Yes No
- **Do you receive Financial Aid?** Yes No
- **Have you been accepted to a study away program?** Yes No
- **Do you have campus housing and/or a meal plan?** Yes No
- **Do you plan to return to PLU?** Yes (Term: _____ Year: _____) No Unsure
- **Are you transferring?** Yes (What school: _____) No

Why are you leaving PLU? Please check all that apply.

PERSONAL

- Family/personal health problems
- Need time away from studies
- Moving or transferred
- Commuting distance too great
- Childcare 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

ACADEMIC

- Classes are too difficult
- Classes are not challenging
- Too many required classes
- Disappointed w/ quality of teaching
- Taking prerequisites elsewhere
- INSTITUTIONAL**
- Desired major not offered
- Academic advising was inadequate
- Class scheduling problems
- Unhappy with university rules/regs
- Problems with university faculty/staff
- Dissatisfied with social life
- University is too liberal
- University is too conservative

FINANCIAL

- Insufficient financial aid received
- Tuition/fees not affordable
- Inadequate student employment
- Need time to make money for school
- Billing problems
- EMPLOYMENT**
- Want to obtain work experience
- Accepted Full-time job
- Conflict job and school

Is there anything the university might do to help you remain a PLU student? _____

STUDENT CARE NETWORK: *(Email success@plu.edu, visit the Registrar's Office or Student Financial Services for assistance contacting SCN)*

We encourage you to contact the Student Care Network to get connected with people and services to help you overcome barriers to your success at PLU.

REQUIRED SIGNATURES

STUDENT FINANCIAL SERVICES *(Visit Hauge 102, email sfs@plu.edu, or call 253-535-7161)*

SFS Specialist Signature: _____ Date: _____

STUDENT SIGNATURE: _____ Date: _____