PLEASE PRINT THIS FORM, COMPLETE THE QUESTIONS, SIGN IT AND OBTAIN SIGNATURES FROM THE APPROPRIATE OFFICES.

Non-Return Form

Students who are transferring or not returning the following semester complete this form. It is the official notification to the college that a student will not be returning.

Hope COLLEGE
HOLLAND, MICHIGAN

LAST NAME	FIRST NAME	MIDDLE NAME

NON-HOPE EMAIL ADDRESS	STUDENT ID NUMBER

PERMANENT ADDRESS STREET	CELL PHONE NUMBER

CITY	STATE	ZIP

Please select the **MAIN** reason for your departure:

- ☐ Academic Difficulties
- ☐ Academic Program Change
- ☐ Employment
- ☐ Financial
- ☐ Health (self)
- ☐ Military
- ☐ Personal Circumstances
- ☐ Other

Optional: Use this space if you wish to provide more information about why you are not returning.

Do you plan to readmit to Hope College? *If yes, for what semester/term and year?*

_____
Semester/Term and Year

☐ Yes ☐ No

Will you be transferring to another college or university? *If yes, provide the institution name and major you plan to pursue.*

_____ _____
College/University Name Major

☐ Yes ☐ No

☐ I am an International Student — ☐ Yes ☐ No

☐ I Receive Veterans Administration Benefits — ☐ Yes ☐ No

PLEASE SIGN YOUR NAME AND DATE THE FORM. THE PROCESS IS NOT COMPLETE UNTIL ALL OFFICES HAVE SIGNED.

HANDWRITTEN STUDENT SIGNATURE	**DATE**	DEAN OF STUDENTS SIGNATURE	DATE

FINANCIAL AID SIGNATURE	**DATE**	BUSINESS SERVICES SIGNATURE	DATE

REGISTRAR'S OFFICE SIGNATURE	**DATE**	REGISTRAR'S OFFICE USE ONLY:
		STATUS: _____ LAST TERM OF ATTENDANCE: _____
		REASON: _____ CLASSES DROPPED: _____
		CODE: _____

NOTE TO SIGNING OFFICES: This is a web provided form. Please sign for your office. The original copy will be kept at the Registrar's Office for the student's official record.