

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 <b>MAIN</b> reason for your departure:		Optional: Use this space if you wish to provide more information about why you are not returning.		
<input type="checkbox"/> Academic Difficulties <input type="checkbox"/> Academic Program Change <input type="checkbox"/> Employment <input type="checkbox"/> Financial <input type="checkbox"/> Health (self) <input type="checkbox"/> Military <input type="checkbox"/> Personal Circumstances <input type="checkbox"/> Other				
Do you plan to readmit to Hope College? <i>If yes, for what semester/term and year?</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
_____				
Semester/Term and Year				
Will you be transferring to another college or university? <i>If yes, provide the institution name and major you plan to pursue.</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
_____		_____		
College/University Name		Major		
<input type="checkbox"/> I am an International Student <input type="checkbox"/> I Receive Veterans Administration Benefits				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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:	
<b>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.</b>		STATUS: _____ LAST TERM OF ATTENDANCE: _____	
		REASON: _____ CLASSES DROPPED: _____	
		CODE: _____	