



Withdrawal Form

Students who are withdrawing from all courses and will not be finishing the current semester must complete this form.

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: <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		Optional: Use this space if you wish to provide more information about why you are withdrawing.	
Exact date you last attended a class: _____ Month/Day/Year			
Do you plan to readmit to Hope College? <i>If yes, for what semester/term and year?</i> _____ Semester/Term and Year			<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be transferring to another college or university? <i>If yes, provide the institution name and major you plan to pursue.</i> _____ College/University Name Major			<input type="checkbox"/> Yes <input type="checkbox"/> No
I am an International Student			<input type="checkbox"/> Yes <input type="checkbox"/> No
I Receive Veterans Administration Benefits			<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Services - Student Account Information It is important to talk with an administrator in Business Services before you leave campus. They will discuss your eligibility for a refund, based on when you withdraw. The refund schedule is posted in the college catalog under student expenses.			
X _____ Signature of Business Services Representative			_____ Date

Financial Aid – A financial aid administrator can help you understand how withdrawing from college impacts your current and future financial aid (including merit award) eligibility.

- **Satisfactory Academic Progress Policy** – Withdrawing from college impacts your progress toward degree completion, which impacts your eligibility for financial aid. If you think you may want to return to Hope in the future, we will discuss how withdrawing impacts your eligibility for future financial assistance.
- **Student/Parent Loan Repayment** – If you and/or your parent(s) have borrowed student or parent loans while attending Hope, you need to have a thorough understanding of when your loan repayment begins and the options available to you.
- **Financial Aid Award Adjustments** – We are required to recalculate your financial aid awards based on the number of days you were enrolled before withdrawing. Business Services will compute your charges and award adjustments after receiving your completed Withdrawal Form from the Registrar.
- **Merit Award Decisions** – If you are a Hope merit award recipient, withdrawing impacts your eligibility for future merit award payments.

X _____
Signature of Financial Aid Representative Date

Student Development - Housing

Withdrawing from college impacts your current housing. The following process will take place:

- Once the withdrawal form is complete and turned into the Registrar’s office, you will have 48 hours to move out of college housing. We encourage you to let your roommate know you are withdrawing from Hope.
- You will need to arrange a checkout time with your Resident Director (RD) or Resident Assistant (RA). During the checkout process you will:
 - Turn in all your keys to the residence and/or mail key
 - Complete a walk-through of your residence to complete a Room Condition Report (RCR).
 - If you live out of state or abroad and require more time for the move out process, please consult with the Director of Residence Life or the Dean of Students.

X _____
Signature of Dean of Students Date

X _____
Student Signature Date
By signing this form, I am verifying I have read the form and understand the implications of withdrawing from the college.

X _____
Signature of Registrar (to be signed last) Date

<p>BUSINESS SERVICES OFFICE USE ONLY:</p> <p>NOTES:</p> <p>MEDICAL DOCUMENTATION RECEIVED _____</p>	<p>REGISTRAR’S OFFICE USE ONLY:</p> <p>STATUS: _____ LAST DATE OF ATTENDANCE: _____</p> <p>REASON: _____ CLASSES DROPPED: _____</p> <p>CODE: _____ WITHDRAWAL DATE: _____</p>
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Note to Signing Offices: Please review pertinent information with student and sign for your office. The original copy will be kept at the Registrar’s Office for the student’s official record.