

WITHDRAWAL FROM COLLEGE
(Total Withdrawal)



STUDENT IDENTIFICATION

Term: _____ Date: _____

Student ID: _____

Student Name: _____

I herewith, request to totally withdraw from college.

Reason for withdrawal:

Student Signature: _____ Date: _____

COURSES AND INSTRUCTOR APPROVAL

CRN	Course Number	Course Title	Credits	Grade of W or U/F	Last Date of Attendance	**Instructor's Signature

****EACH INSTRUCTOR MUST SIGN OPPOSITE HIS OR HER COURSE TO COMPLETE CHECKOUT**

CHECKOUT PROCEDURE

Obtain approval signature from each of the following:

Academic Advisor: _____

Financial Aid Office: _____ Registrar's Office: _____

Accounting Office: _____ Registrar's Office: _____

Refund % Recommended _____

Approved by: _____ Veteran's Office: _____

PRINT AND RETURN

Return printed form to:
MCC Student Services
920 Barlow Road Fort Morgan, CO 80701
FAX 970-542-3114
Student.Services@MorganCC.edu

WITHDRAWAL FROM COLLEGE
 (Total Withdrawal) **INTERVIEW FORM**



Student Name: _____

Student ID: _____ Term: _____

1. What made you decide to come to Morgan Community College originally?

- Location Academic Excellence Programs Offered
 Low Tuition Rate Recommendation of Other Students Other:

2. Did you have a major field of study or academic goal? Yes No

IF yes, please identify: _____

3. What is/are your reason(s) for total withdrawl?

- Illness (self) Fell behind in course work
 Illness (family) Lost interest in college goals
 Death in the family Dissatisfied w/instruction in ALL courses
 Lack of family support for college Dissatisfied w/instruction in SOME courses
 Divorce Financial Aid filed too late for term
 Marriage Financial Aid did not come through as expected
 Job/work conflicts with college Personal financial problems
 Moving/Relocating
 Academic difficulties in ALL courses Other:
 Academic difficulties in SOME courses

4. Did you attend classes regularly? Yes No

5. In general, were you satisfied with:

- | | | | | | |
|----------------|------------------------------|-----------------------------|---------------------|------------------------------|-----------------------------|
| - Instructors | <input type="checkbox"/> Yes | <input type="checkbox"/> No | -Course Offerings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| -Advising | <input type="checkbox"/> Yes | <input type="checkbox"/> No | -Student Activities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| -Financial Aid | <input type="checkbox"/> Yes | <input type="checkbox"/> No | -Registration | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

6. Would you return to Morgan Community College at a later date? Yes No

7. Was there anything we could have done to better assist you remain in college? Yes No

Please explain: _____

 Interviewer Signature and Interview Date