

MERCY COLLEGE OF OHIO WITHDRAWAL FORM

			Term/Year
Last	M.I.	First	Maiden
Street	City	State	Zip Code
Student ID Number	Phone Number		Major

Email Address after Withdrawal _____

Date of Withdrawal: _____ Date of Expected Return: _____

I withdrew from Mercy College because (choose all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Cost of tuition
<input type="checkbox"/> Did not receive enough Financial Aid
<input type="checkbox"/> Work schedule conflict/ New job/ Change in hours
<input type="checkbox"/> Health related issues
<input type="checkbox"/> Change of major
<input type="checkbox"/> Relocating out of the area
<input type="checkbox"/> Transportation difficulties
<input type="checkbox"/> Student housing issues
<input type="checkbox"/> Inability to handle the course requirements (too hard)
<input type="checkbox"/> Inability to invest enough time in coursework outside class
<input type="checkbox"/> Not enough student activities | <input type="checkbox"/> Limited availability of course times
<input type="checkbox"/> Personal/family reasons
<input type="checkbox"/> Experienced discrimination (race, culture, sex, religion, disability, etc) Explain: _____
<input type="checkbox"/> Negative experience with academic advising /others providing support services
<input type="checkbox"/> Negative experience with major/program
<input type="checkbox"/> Negative experience with instructor(s): _____
<input type="checkbox"/> Transferring to another institution Where and why? _____
<input type="checkbox"/> Other (please explain): _____ |
|---|---|

What are your plans for next semester?

- Return to Mercy College
 Work full-time
 Work part-time
 Attend another college other than Mercy College: College _____ Major _____
 Other (please specify) _____

Would you recommend Mercy College to other students? YES NO

Is there anything that Mercy College faculty/staff could have done which might have prevented you from withdrawing? YES NO
 Is yes, please explain: _____

Mercy College will be happy to work with you to answer questions and assist you in getting re-enrolled. Would you like a member of Mercy College to contact you? YES NO

Circle One	Course Name	Course #	Sect.	Instructor Signature (only WP/WF grade)
D W WP WF	_____	_____	_____	_____
D W WP WF	_____	_____	_____	_____
D W WP WF	_____	_____	_____	_____
D W WP WF	_____	_____	_____	_____
D W WP WF	_____	_____	_____	_____

Student Signature _____ Date _____

Office Use

Business Office Date Advisor Date

Vice President of Academic Affairs Date Financial Aid Date