

JARVIS CHRISTIAN COLLEGE
Hawkins, Texas 75765-1470

REQUEST FOR WITHDRAWAL

Office of Enrollment Management

This form must be completed with the indicated signatures and returned to the Office of Student Development for distribution to the offices indicated below. Withdrawal is not official until this form is in the Office of the Registrar.

Name of Student: _____ **SS#:** _____ / _____ / _____

Classification: Freshman Sophomore Junior Senior Other

Date of Withdrawal: _____ / _____ / _____ Last Date of Attendance: _____ / _____ / _____

Student Development

Identification Card returned: Yes No *() Athletic Equipment *() Other _____

Reason given for withdrawing: _____

Signed: _____ Date _____

Residence Hall Manager

Status: Non-Boarding Boarding Residence hall release form completed: Yes No

Room Inspected Yes No Room Damage Charges: \$ _____

Key: Returned Not Issued Not Returned Key Replacement Charge: \$ _____

Signed: _____ Date _____

Library

Library card and library materials returned: Yes No Charges Owed: \$ _____

Signed: _____ Date _____

Financial Aid

Conference and exit interview conducted Yes No Remarks: _____

Refund/repayment calculation made: Yes No Remarks: _____

Lender notified of status change: Yes No Remarks: _____

Signed: _____ Date _____

Federal Collection

Student loan exit interview conducted. Yes No Balance Owes: \$ _____

Sign: _____ Date: _____

Business Office

Account cleared or arrangement made: Yes No Balance Owed: \$ _____

Signed: _____ Date _____

Office of the Registrar

Withdrawal Form received on: _____ Signed: _____

A copy of this withdrawal form is to be forwarded to the following offices: Academic Affairs, Business Office, Financial Aid, Registrar, Student Affairs, Student Development, Student Housing and Vice President of the College.

*call Athletic Director/Band Director

(This survey is patterned after Middle George College)

STUDENT WITHDRAWAL SURVEY

To complete your withdrawal, you **MUST** return this survey with your Student Withdrawal Form.

NAME: _____ ID # _____

GENDER: ___ Female ___ Male DATE: _____

(Optional-this information will not be used in a discriminatory manner. This is requested for statistical purposes only.)

___ Black ___ American Indian/ Alaskan Native ___ Hispanic
___ White

ENROLLMENT STATUS: ___ Full-Time ___ Part-Time

IF YOU COMMUTE, HOW FAR DO YOU DRIVE?

___ 0 to 49 miles one-way ___ 50 to 99 miles one-way
___ 100 or more miles one-way ___ I don't commute

The following section lists many reasons why students withdraw from college. Mark how important each was to you in your decision to withdraw from Jarvis.

PERSONAL REASONS:	Very Important	Somewhat Important	Not Important
Don't like living in the residence hall	_____	_____	_____
Commute is too long	_____	_____	_____
Want to live closer to home	_____	_____	_____
Problems with roommate	_____	_____	_____
Must take care of children	_____	_____	_____
Problems with time management	_____	_____	_____
No friends at Jarvis	_____	_____	_____
Lack of interest	_____	_____	_____

ACADEMIC REASONS:

Not prepared for college level courses	_____	_____	_____
Not doing well in classes	_____	_____	_____
Unable to get courses wanted	_____	_____	_____
Not enough academic support	_____	_____	_____

FINANCIAL /EMPLOYMENT:

Need to work full-time	_____	_____	_____
Did not qualify for financial aid	_____	_____	_____
Family financial reasons	_____	_____	_____

WERE THERE ANY DEPARTMENTS WHERE FACULTY/STAFF?

___ did not treat you with respect? ___ were not helpful? ___ gave you wrong information?

WHAT DEPT.? _____

WITH WHOM DID YOU DISCUSS YOUR DECISION TO WITHDRAW?

___ Fellow Student ___ Tutor ___ Faculty Member ___ Advisor ___ College Counselor
___ College Staff Member ___ Career Services ___ Employer ___ Relative

COULD SOMETHING SPECIFIC HAVE BEEN DONE TO HELP

YOU STAY AT Jarvis?

___ Yes ___ No

If yes, please use the comment section below to explain.
General comments about your withdrawal:

STATEMENT OF WITHDRAWAL

Instructions:

Please complete this form. Return this form to the Registrar's Office by fax, mail or hand delivery.

Daytime Phone # _____

Address: _____

City _____ State _____ Zip _____

COMPLETE THE ITEM BELOW *ONLY DURING* THE DROP/ADD PERIOD FOR THE TERM.

I would like to cancel all my classes for the following term:

___ Spring ___ Summer ___ Fall ___ Year

COMPLETE THE ITEMS BELOW *ONLY AFTER* THE DROP/ADD PERIOD FOR THE TERM.

Have you attended ANY of your classes this Semester?

() Yes (If you answer Yes, you will be withdrawn from the semester and will receive a "W" for EACH of your courses. Withdrawing from courses could affect your financial aid.)

() No (If you answer no, we will contact EACH instructor and ask that they provide the Registrar's Office with written verification via email stating that you did not attend his/her class.)

I would like to withdraw from all my classes for the following term:

___ Spring ___ Summer ___ Fall ___ Year

Student's Signature _____

Date _____