



Student Exit Interview

Withdrawal **Leave of Absence**

Date ___/___/___ **Term** _____

Student's Full Name

Student I.D.

Permanent Address

City, State, Zip Code

Telephone

Reason(s) for WD/ LOA : Personal Financial Medical Academic Social
 Location To Attend Another School Extend Current Leave
 Other _____

***** FOR OFFICE USE ONLY *****

Verification Received/Date of Final Disposition: _____/_____/_____

Comments: _____

MAJOR: _____ **ACADEMIC ADVISOR/NAME** _____

Is student a(n): Intn'l student Athlete Transfer Student Incoming Freshman

Does student have: Financial Aid Meal Plan

University Housing/Residence Hall: _____

YEAR: Freshman (1-26 cr) Sophomore (27-56 cr) Junior (57-86 cr) Senior (87+ cr)

COMMENTS: _____

X _____
Student's Signature

Date

Please complete this form and return to the Registrar's Office, South Campus Hall or the Office of Academic Services, Maxcy Hall.