



REQUEST FOR TOTAL WITHDR AWAL

Please Print Using Ink

NAME: _____
Last First M.I. Student I.D. #

ADDRESS: _____
Mailing Address City State Zip Code Date of Birth

LA ST DATE OF ATTENDANCE DURING THIS SE ME STER _____

Using Withdrawal Reasons listed below, circle as many letters that apply in the spaces provided below.
Your answers will help us learn about the reasons why students drop classes.

TOTAL WITHD RAWAL

| Section # | CourseName & # | Days | Time |
|-----------|----------------|------|------|
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YOUR INDIVIDU AL RESPONSE WILL REMAIN CONFIDENTI AL

REASON FOR WITHDRAWAL: (Circle all reasons that apply)

- a. Course content more difficult than anticipated
- b. Course does not meet need
- c. Course was too easy
- d. Dissatisfied with counselor
- e. Dissatisfied with instructor
- f. Dropped because did not meet prerequisites
- g. Enrolled in too many classes
- h. Failing class
- i. Lack of time
- j. Limited English proficiency
- m. Attending another college
- n. Childcare
- o. Cost of books
- p. Disability
- q. Family
- r. Financial
- s. Health
- t. Job conflict
- u. Moving

