Date: _______________________   Student I. D. # ____________________________

Name: _______________________________________________________________________

Last semester or date in attendance at Providence (ex. Spring 2007): ________________________

Reason for withdrawing:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

By signing below, I confirm that I will not return to Providence for the upcoming academic term. I understand that prior to my departure I must meet with the Dean of Student Life, the Director of Financial Aid, and the Director of Operations for an exit interview.

_______________________________________  _______________________
Student Signature      Date

_______________________________________  _______________________
Adviser Signature      Date

_______________________________________  _______________________
Dean of Student Life      Date

_______________________________________  _______________________
Financial Aid      Date

_______________________________________  _______________________
Business Office      Date

*Anyone unsure of future plans regarding Providence, should pre-register for the upcoming academic term.

Office Use:
Official Withdrawal Date:
Refund:
Reason: ☐ Approved ☐ Denied

PT 2011-1