Office of the Registrar
Intent to Withdraw/Exit Notification

Consult with your Academic Adviser, the Dean of Student Life, the Financial Aid Office, and the Business Office. Turn this form in to the Registrar’s Office after all signatures are gathered.
*If you are unsure of future plans regarding Providence, you should pre-register for the upcoming academic term.

Name: _________________________________    __________________________    ________
Last       First                                         Middle Initial

Permanent Home Address:

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Country</th>
</tr>
</thead>
</table>

Personal email address: ______________________________________________________

Last semester or date of attendance at Providence: ex. Fall / Spring of 2016

Fall / Spring of 20____ or Date: _______/_______/________

Select Primary Reason for Withdrawing:

- [ ] Academic Attendance/Performance
- [ ] Academic Offerings/Program
- [ ] Financial Issues
- [ ] Residential Issues
- [ ] Attending another college (college/university): ____________________________

- [ ] Family Issues
- [ ] Medical/Health
- [ ] Travel
- [ ] Work
- [ ] Military Service
- [ ] Missions Trip
- [ ] Campus Culture

- [ ] Campus Size
- [ ] Need a break from school
- [ ] Other: ____________________________ (please specify below)

Additional information:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

_______________________________________ Date: _______/_______/________
Academic Adviser Signature

_______________________________________ Date: _______/_______/________
Dean of Student Life Signature

_______________________________________ Date: _______/_______/________
Financial Aid Signature

_______________________________________ Date: _______/_______/________
Business Office Signature

[Over]
I have consulted with my Academic Adviser, the Dean of Student Life, the Financial Aid Office, and the Business Office. My signature below indicates my intent to withdraw from Providence Christian College, effective (select one):

☐ **Immediately:** I understand that submission of this form **before** the final day to drop courses will remove all currently registered courses from my Providence transcript. Submission **after** the final day to drop courses will result in the letter grade of "W" on my Providence transcript for each current course. Submission **after** the final day to withdraw will result in a letter grade.

☐ **At the end of the current semester:** The current term is my last semester at Providence. I understand that I will receive faculty-assigned grades for all registered current courses.

__________________________________________
Student Signature
Date: _______/_______/________

__________________________________________
Registrar Signature
Date: _______/_______/________