



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:

Street City State Zip Code Country

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 :

- | | | |
|--|---|---|
| <input type="checkbox"/> Academic Attendance/Performance | <input type="checkbox"/> Family Issues | <input type="checkbox"/> Campus Size |
| <input type="checkbox"/> Academic Offerings/Program | <input type="checkbox"/> Medical/Health | <input type="checkbox"/> Need a break from school |
| <input type="checkbox"/> Financial Issues | <input type="checkbox"/> Travel | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Residential Issues | <input type="checkbox"/> Work | <i>(please specify below)</i> |
| <input type="checkbox"/> Attending another college | <input type="checkbox"/> Military Service | |
| <i>(college/university):</i> _____ | <input type="checkbox"/> Missions Trip | |
| | <input type="checkbox"/> Campus Culture | |

(intended major): _____

Additional information:

Academic Adviser Signature Date: ____/____/____

Dean of Student Life Signature Date: ____/____/____

Financial Aid Signature Date: ____/____/____

Business Office Signature Date: ____/____/____

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: ____/____/____