



WITHDRAWAL FORM

Name: _____ ID# _____ Cell Phone # _____

Residence Hall: _____

Current Status: First Year ___ Sophomore ___ Junior ___ Senior ___

Advisor: _____ Major(s): _____

Home address: _____

Billing address (if different) _____

Estimated return date (if applicable) ____/____/____

Withdrawal Information:

Please check which one of the following most accurately reflects your reason withdrawing from Stephens College:

___ Academic Performance ___ Academic Programs ___ Faculty

___ Geographical ___ Medical ___ Social Life

___ Residence Life ___ Financial *

** If Financial, have you personally spoken with someone in Financial Aid about your financial aid package? Y / N*

Other reason for leaving Stephens College

If transferring, please indicate the school name

Student has financial aid? Y / N Needs Exit Counseling? Y / N

Please obtain the signatures as indicated below:

Financial Aid _____

Accounting _____

Director of Student Life _____

STUDENT SIGNATURE _____ *** DATE** ____/____/____

After completion, including signature, please return to Student Development

* This is your withdrawal notification date

TO BE COMPLETED BY FINANCIAL AID	
Annual award EFC	_____
Loans	\$ _____
Perkins	\$ _____
Grants	\$ _____
Institutional Aid	\$ _____
Other	\$ _____
Work Study	\$ _____
Total	\$ _____
Exit Counseling Provided? Y / N	

for



Questionnaire for Non-Returning Students

You have indicated that you intend to withdraw from Stephens College. Please take a few minutes to complete the questionnaire. Your input is valuable towards us responding effectively to student needs.

1. Did you enter as a freshman or a transfer? _____ Freshman _____ Transfer

2. Year Entered _____

3. Do you plan to re-enroll at Stephens? _____ Yes _____ No _____ Unsure
(If “Yes”, please complete the form entitled “Leave of Absence”)

4. Have you considered a leave of absence? _____ Yes _____ No

5. What are your immediate plans? (Please be as specific as possible.)
Attending:

- _____ public university
- _____ private college/university
- _____ community college

Name of institution attending next semester _____

Or

- _____ working
- _____ traveling
- _____ other _____ (please specify)

6. Please indicate briefly your reasons for leaving Stephens at this time.

7. Please indicate your satisfaction with your experience at Stephens in the following areas:

	Not very satisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Satisfied	Not applicable
Availability of advisor	1	2	3	4	5	NA
Interaction with other faculty	1	2	3	4	5	NA
Overall academic experience	1	2	3	4	5	NA
Quality of classroom instruction	1	2	3	4	5	NA
Quality of courses offered in major	1	2	3	4	5	NA
	Not very satisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Satisfied	Not applicable

Interaction with other students	1	2	3	4	5	NA
Overall interaction with residence life staff	1	2	3	4	5	NA
Overall residence hall housing experience	1	2	3	4	5	NA
Variety of student activities	1	2	3	4	5	NA
Interaction with campus wide personnel	1	2	3	4	5	NA
Quality of food service	1	2	3	4	5	NA
Grants awarded	1	2	3	4	5	NA
Work study experience	1	2	3	4	5	NA
Financial Aid Awarded	1	2	3	4	5	NA
Scholarships received	1	2	3	4	5	NA
Student Loans	1	2	3	4	5	NA
Overall Stephens Experience	1	2	3	4	5	NA

8. In order to help us understand your experience at Stephens College, please identify your thoughts on the following:

	Disagree	Somewhat disagree	Neutral	Somewhat agree	Agree
I felt a sense of belonging.	1	2	3	4	5
Faculty cared about me as an individual.	1	2	3	4	5
Campus was safe & secure for all students.	1	2	3	4	5
My academic advisor was concerned about my success.	1	2	3	4	5
Intercollegiate athletic programs contributed to a strong sense of school spirit.	1	2	3	4	5
It was an enjoyable experience to be a student on this campus	1	2	3	4	5
Students were made to feel welcome on this campus.	1	2	3	4	5
	Disagree	Somewhat disagree	Neutral	Somewhat agree	Agree

There was a commitment to academic excellence on this campus.	1	2	3	4	5
This institution has a good reputation within the community.	1	2	3	4	5
Administrators/staff are available to hear student concerns.	1	2	3	4	5

9. Please add any additional thoughts regarding your experience at Stephens College.

10. Is there any other information you would like to share?

Thank you for your time. Please contact us if we can be of any assistance to you. Return completed form to
Office of Student Development in Stamper Commons.
Student Development
Box 2033
Columbia, MO 65215