



EXIT FORM

Term & Year: _____
(FA=fall, JAN=January, SP=spring, SU=summer/June or July)

Name: _____ Last 5 Digits of SID#: _____

Email Address: _____

Degree Program/Major: _____

Reason(s) for Withdrawing _____

If you expect to return to Midwestern Seminary, give approximate date: _____

Forwarding Telephone: _____

Address: _____

Please contact the following offices to give seminary personnel the opportunity to help you withdraw properly (**Personnel in each office will sign your form**). Please return the completed form to the Registrar's Office.

Signature	Date	
_____	_____	Dean of Students: Koehn-Myers Bldg.
_____	_____	Student Housing: Administration Bldg.
_____	_____	Financial Aid: Admin Bldg. (Financial aid exit interview is required if you are receiving any form of financial aid)
_____	_____	Library
_____	_____	Business Office: Administration Bldg.

After the above have been signed, proceed to:

_____ Provost: K-M Bldg.

_____ Registrar (Please submit a schedule change form to withdraw from all classes)

Student's Signature

Date

Date Received: _____

Entered CAMS _____