



WITHDRAWAL FROM SCHOOL FORM

Please print neatly and carefully

Social Security Number:

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Last Name: _____ **First Name:** _____ **Middle Name:** _____

Today's Date: _____ **Degree Program:** _____

Forwarding Address: _____

Reason for Withdrawing: financial _____ academic _____ family _____
job related _____ other _____

In order to help Andover Newton better serve students in the future, please respond to the following questions:

Is there something Andover Newton could have done better for you as a student? _____

Do you plan to return to Andover Newton in the future? _____

Do you want an exit interview? _____ If yes, with whom? _____

Do you want to remain on our mailing list? _____ If yes, what would you like to receive? _____

Please obtain the following signatures in the exact order listed below:

Financial Aid Director (only if you received loans) _____

Library _____

Business Office _____

Field Education Office _____

Note: If you are unable to come to campus to obtain the necessary signatures, please return the form complete with your information to the Registrar's Office. In order to finalize your withdrawal from Andover Newton, all financial obligations must be reconciled.

Student's Signature: _____

After you have obtained all of the above signatures, please return this form to the Registrar's Office.

cc: Academic Dean, Admissions, Dean of Students and Faculty Advisor