

**SAINT ANTHONY COLLEGE OF NURSING-ROCKFORD, ILLINOIS
WITHDRAWAL FROM THE COLLEGE FORM (POLICY # 337)**

STUDENT: You must acquire all required signatures and return completed form to the Enrollment Management Coordinator.

Student Name: _____ Enrollment Date: _____

Program/track you are withdrawing from: _____

Address: _____

City: _____ State _____ Zip Code _____

Please check the REASON FOR LEAVING. Explain each reason as fully as possible.

____ Health _____

____ Academic difficulty _____

____ Disciplinary difficulty _____

____ Financial difficulty _____

____ Did not meet career expectations _____

____ Chose other program/track/college/university _____

____ Other, *please explain* _____

Students receiving financial aid, please check all that apply:

ISAC-Monetary Award ____ Pell Grant ____ Student Loans ____ V.A. Benefits ____ Other ____ *Please explain:*

Do you plan to continue your education? Yes ____ No ____ If yes, *where?* _____

Do you plan to return to SACN in the future? Yes ____ No ____ If yes, *when?* _____

Have you informed your instructors? Yes ____ No ____ Last Day of Class Attended: _____

Has the Front Desk received the following items? (Front Desk Personnel Initials _____)

Mailbox key _____ iclicker _____ Student ID _____

Student Account/Debt Reconciled? Yes ____ No ____ Bursar Initials _____

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Financial Aid Coordinator Signature _____ Date _____

Associate Dean, Support Services Signature _____ Date _____

Dean (Undergraduate or Graduate based on the program you are in) Signature _____ Date _____