

# SEWANEE

THE UNIVERSITY OF THE SOUTH

NOT RETURNING FORM

Name \_\_\_\_\_  
Last First Middle (Preferred)

Address \_\_\_\_\_  
Street

Address \_\_\_\_\_ Class: Fr So Jr Sr  
City State ZIP

Telephone \_\_\_\_\_ Faculty Advisor \_\_\_\_\_

Parent names \_\_\_\_\_

Transferring to \_\_\_\_\_

Will work in \_\_\_\_\_ for \_\_\_\_\_

Other reason for not returning \_\_\_\_\_

Please check all the following that influenced your decision to not return to Sewanee:

- |   |   |
|---|---|
| <input type="checkbox"/> Size of College            | <input type="checkbox"/> Intellectual climate   |
| <input type="checkbox"/> Money                      | <input type="checkbox"/> Uncertainty about goals  |
| <input type="checkbox"/> Family problems            | <input type="checkbox"/> Never intended to stay   |
| <input type="checkbox"/> GPA                        | <input type="checkbox"/> Aspect of social climate (please describe on back)                 |
| <input type="checkbox"/> Illness                    | <input type="checkbox"/> Need for academic program not at<br>Sewanee (please specify _____) |
| <input type="checkbox"/> Isolation                  |   |
| <input type="checkbox"/> Lack of academic challenge | <input type="checkbox"/> Other (please write comments on page 2)                            |
| <input type="checkbox"/> Dormitory Life             |   |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please complete and return form to:*

**Larry H. Jones, Associate Dean of the College**  
735 University Avenue  
Sewanee, TN 37383-1000  
Fax: 931-598-3229

