

**WITHDRAWAL INFORMATION SHEET
(CONFIDENTIAL)**

Name _____
Last First Middle (Preferred)

Address _____
Street/Box City State Zip

Telephone _____ Faculty Advisor _____ Class: Fr So Jr Sr

Parent names _____

You may mail a copy of the withdrawal letter to my parents listed above. Yes No

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

Please complete the questions on the back and return form to:

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

(continued on back)

Please list all faculty members with whom you are currently enrolled in a class:

Do you receive financial aid? _____ (If so, you must have an exit interview with the Director of Financial Aid.)

Have you made arrangements with the Treasurer's Office to pay an outstanding balance in your account? _____ (Please note that if you have relevant refund insurance, claim forms are available in the Office of Student Accounts.)

Have you notified the Office of Residential Life and made arrangements to check out of your room? _____ (Your withdrawal will not be made official until there is confirmation from that office that you have completed check-out.)

Do you have any computer hardware or software on loan from Academic Computing? _____
If so, have you made arrangements to return such items? _____

Do you understand that your **Sewanee e-mail** account **will be discontinued ten days** from the date of your withdrawal? _____

Do you plan to return to Sewanee? _____

Do your parents or legal guardian know of your intention to withdraw? _____

If this is a withdrawal for medical reasons, do you have any objections to the University Counselor or the University Health Officer discussing your situation confidentially with the Associate Dean of the College? _____

If this is a withdrawal for medical reasons, do you have any objections to your personal physician providing information relevant to your medical condition to the Associate Dean of the College?
_____ If there are no objections, what is the name and address of this physician.

Signature

Date