## GUSTAVUS ADOLPHUS COLLEGE WITHDRAWAL FORM

Print Name			
	ID Number:	Class	s Year: 20
ampus Housing (Hall/Room if applicable)	Academic Advisor	Non-	Gustavus Email:
AM REQUESTING TO WITHDRAW FROM GUSTAV Approved Medical Leave (documentation requir Approved Family Emergency Leave (documenta Other, please explain:	ed via Dean of Students office)		SON(S):
INTEND TO WITHDRAW FROM GUSTAVUS:			
<ul> <li>Immediately - Forms submitted after last day to withdrequesting late withdrawal(s)</li> <li>At the end of the current term/before start of mathematical starts and starts</li></ul>		udent is graded. Student co	an submit an <u>Academic Petition</u>
understand that withdrawal from the College terminates een a full-time student elsewhere, I will contact the A e-enroll and I have been a full-time student elsewhere, I dmission.	s my student status at Gustavus Adolp Academic Support Center to discuss	the appropriate process	s for <u>readmission</u> . If I wish
further understand that with the exception of medical le erm typically results in academic warning or probation fo			
/hen I return after withdrawing from the College, priority	y for college housing and course regist	ration will follow that o	of currently enrolled student
efund policies from the current <u>Academic Bulletin</u> apply by custodial parent listed below regarding the financial in		nancial Aid and Student	Accounts staff to talk with
udent Signature	Date	Phone Numb	ber
	Date City	Phone Numl	Der Zip Code
lome Address			
ome Address ustodial Parent his application will be complete and regarded as off	City	State	Zip Code
ome Address ustodial Parent <b>his application will be complete and regarded as of</b>	City	State	Zip Code
ome Address ustodial Parent <b>This application will be complete and regarded as of</b>	City	State	Zip Code it has been returned to t
ome Address ustodial Parent <b>his application will be complete and regarded as of</b>	ficial after staff in the following of	fices have signed and	Zip Code it has been returned to t
ome Address ustodial Parent his application will be complete and regarded as off	City	fices have signed and Office Dean of Students Residential Life	Zip Code it has been returned to t
lome Address	ficial after staff in the following of	fices have signed and Office Dean of Students	Zip Code it has been returned to t

## WITHDRAWAL QUESTIONNAIRE

				Date		
Name			GAC ID#	Class year: 20		
1.	What are yo	ur plans for the future?				
2.	Do you inte	nd to re-enroll at Gustavus in the future?				
3.	Listed below are a number of reasons students sometimes decide to leave college. Please select all that apply to your personal situation a provide additional information where applicable.					
	Academic difficulty					
				)		
	Academics not challenging (what major?					
		Better academic program elsewhere (what program? where?				
		)				
		all that apply): Campus conduct standards too strict Campus conduct standards too liberal College too large College too small Family situation Financial challenges Homesickness Illness Lack of diversity Lack of motivation Not the "right fit"		Personal reasons Religious atmosphere too conservative Religious atmosphere too liberal Residence hall facilities Residence hall social climate Roommate conflict(s) Social climate too conservative Social climate too liberal St. Peter too small Too close to home Too far from home		

4. What did you find to be most positive/helpful at Gustavus?