REGISTRATION CHANGE FORM

This form is used to change registration for students after the registration period, for full or department controlled course sections, or to override enrollment holds. This form is also used for student or administratively initiated withdrawal from the College.

Name of Student: ___________________________ Date of Birth: __________

Program: ___________________________ Semester & Year: __________

For changing registration:

<table>
<thead>
<tr>
<th>Add or Drop</th>
<th>Course Number</th>
<th>Course Section</th>
<th>Course Name</th>
<th>Credit Hours</th>
<th>Course coordinator, Program Director, Dean, or Student Services Staff</th>
<th>Student advised to contact financial aid</th>
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Reason for the change:

For withdrawal from the College:

Student Initiated Withdrawal: I am the student listed above and I wish to withdraw from all classes at the College for the semester listed above. I realize this will withdraw me from the College and I will need to reapply for admission to a future semester. I am aware of the Leave of Absence Policy but choose to withdraw from the College at this time. I have completed the Exit Survey form and it is attached to this document.

College Initiated Withdrawal: The above named student is being withdrawn from the College for the following reason:

I request the above changes be made to my registration. I am aware that changing my registration may change the amount of financial aid I receive and the amount of tuition and fees I owe to the College. I have read and understand the Withdrawal Policy, Refund Policy, and Satisfactory Academic Progress Policy in the current Student Handbook. If I receive financial assistance I have spoken with a Financial Aid office representative and understand how these changes may impact my aid.

__________________________________________________________________________

__________________________________________________________________________

Submit completed form to the Registrar.

_____________________________    ___________________________
Student                                                Date

_____________________________    ___________________________
Chief Academic Officer, Registrar, or Dean of Student Affairs    Date

Form Created 07/2019
EXIT SURVEY

We would appreciate your response to the following questions:

From what program are you withdrawing? __________________________

In what semester did you begin your first professional program course at the College? _________________

What is your reason for leaving the program? (please check all that apply)

☐ Inability to make adequate grades
☐ Decided to attend different college
☐ Health related problem
☐ Personal problems
☐ Financial Reason
☐ Other: __________________________

Please indicate your overall impression of the quality of the college program:

☐ Excellent    ☐ Average    ☐ Good    ☐ Poor

Comment: __________________________

Please indicate your overall impression of the quality of the faculty:

☐ Excellent    ☐ Average    ☐ Good    ☐ Poor

Comment: __________________________

In your opinion, what could have been done to prevent you from leaving the program?

Comment: __________________________

Have you utilized your faculty advisor? ☐ Yes ☐ No
If so, was your faculty advisor useful? ☐ Yes ☐ No

Have you utilized the academic success coach? ☐ Yes ☐ No
If so, was the academic success coach useful? ☐ Yes ☐ No

Were you employed while attending courses? ☐ Yes ☐ No
If so, how many hours per week did you work and what was your job title? __________________________

Do you have plans to apply to this college program in the future? ☐ Yes ☐ No

Do you have plans to apply to another program at this college in the future? ☐ Yes ☐ No

Do you have any suggestions for changes in the program that you attended? __________________________

_______________

Form Revised April 2019