

Questions?

Phone: 616-632-2866

Email: registrar@aquinas.edu

Aquinas College Student Withdrawal Record

Please complete the first page of the Withdrawal Form. Once your withdrawal is complete you will receive a final copy of this form with important information from the various departments.

Student Information								
Today's Date:	Student ID Number:		Name (first, middle initial, last):					
Current Address (street, apartment number, PO Box, city, state, zip, country):								
Home Address (street, apartment number, PO Box, city, state, zip, country):								
Class Status:								
Freshman So	phomore	Junior	Senior C	Grad/ M.A.T				
Student Type:								
Regular CE UDM Grad/MAT								
		Signature:						
Additional Information								
Do you live on campus?		Do you have a meal plan?		•	Have you used any library services?			
Yes No		Yes	No		Yes	No		
Reason for Withdrawa	al (Please check	all appropriate re	asons):					
Aquinas does not offer the educational program I want.								
Desired Program								
Financial Reasons:Sufficient aid was not available								
	I mu	st leave to take a j	ob					
Personal Reasons	:Acad	lemic	Family					
	Heal	th(Other					
Do you intend on returning to Aquinas? Yes No								
If so, what semester	r:		_					