



Notification of Student Withdrawal

Registrar's Office

I wish to officially withdraw from **Mount Aloysius College**. I understand that I am responsible for contacting the Controller and Financial Aid Offices to discuss outstanding financial obligations before my withdrawal is effective. Once this form has been processed I will receive a final student account statement from the College. If their calculation determines that I will owe the College because of my withdrawal, I will pay my financial obligation to the College. I understand that failure to do so will result in a hold being placed on my account and I will not have access to my official transcript until my obligation is met.

Semester/Year of Withdrawal: Fall Spring Summer Year _____

- I am registered and will complete the current semester.
- I am registered and will withdraw from school immediately. My last day of attendance was _____
- I plan to return to MAC: Fall semester _____ Spring semester _____ Summer semester _____

STUDENT'S NAME _____ ID NUMBER _____

PERMANENT ADDR: _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ EMAIL(non-MAC) _____

MAJOR _____ ACADEMIC ADVISOR _____

Reason for Withdrawal

- | | | |
|--|--|---|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Financial | <input type="checkbox"/> MAC was not what I expected |
| <input type="checkbox"/> Health | <input type="checkbox"/> Loss of Scholarship | <input type="checkbox"/> Dislike living away from home |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Loss of Military Benefits | <input type="checkbox"/> Not prepared for academic workload |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Loss of Federal/State Financial Aid | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Personal/family issues | <input type="checkbox"/> No co-signer for loan | _____ |
| <input type="checkbox"/> Military | <input type="checkbox"/> No aid due to academic progress | _____ |
| <input type="checkbox"/> Dissatisfied with courses | <input type="checkbox"/> Non-academic expenses | _____ |
| <input type="checkbox"/> Transferring to: _____ | <input type="checkbox"/> Other _____ | _____ |

Comments: _____

Personal Assessment of Mount Aloysius College

Please indicate your satisfaction with each of the following. For each item, please "X" the appropriate response. Your answers will remain confidential.

<i>Academic</i>	Very Satisfied	Somewhat	Somewhat	Very Dissatisfied	Not Applicable
Quality of Curriculum					
Academic Difficulty					
Available courses in major					
Quality of academic advising					
Overall impression of faculty					
Availability of academic support					

<i>Non-Academic</i>	Very Satisfied	Somewhat	Somewhat	Very Dissatisfied	Not Applicable
Quality of social events					
Impression of residential					
Safety on-campus					
Impression of MAC students					
Overall impression of MAC					

I have met with the **Financial Aid Office:**

Check here for "yes"

I have met with the **Controller's Office:**

Check here for "yes"

Student's Signature

Date

Director of Student Success & Advising

Date

Processed by:
Registrar's Office

Date

Please return this form to the Registrar's Office
in the Main Building, Room 103.

For Questions, call
814-886-6400 or e-mail: registrar@mtaloy.edu