

**GRADUATE NOTICE OF OFFICIAL WITHDRAWAL
FROM ARCADIA UNIVERSITY**

Name

Arcadia User ID

Program

Status: ___ part-time ___ full-time

1. Recipient of financial aid? YES NO (circle one)

2. Why did you originally choose Arcadia University? (if more than one reason, rank using 1,2, etc.)

___ Proximity to home

___ Availability of financial aid

___ Academic reputation of the University

___ Recommendations of my peers and family

___ Particular field of study

___ Study abroad opportunities

___ Other (please specify) _____

3. When you first enrolled, did you intend to complete a master's degree at Arcadia University?

YES NO (circle one)

4. Reasons for Withdraw: (if more than one reason, rank using 1,2,etc..)

A. Personal Reasons

___ Medical or health-related. Do you plan to return? _____ When? _____

___ Goals since entering the University have changed. (please describe) _____

___ Change in personal situation; e.g., marriage, moving, other. (please describe) _____

___ Other reasons (Please explain) _____

B. Financial Reasons:

- Financial aid situation
- Change in work schedule (need to work full or part time)_____
- Other (please explain)_____

C. Academic Reasons

- Academic advising
- Attitudes of faculty and/or staff
- Course work load
- Course content

D. Institutional Reasons

- Appearance of campus
- Class accommodations
- Program or major not offered
- Tuition

E. Other Reasons

- Other (please explain)_____
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5. If you are transferring, please list the name of the school.

6. If one thing that could have been changed in your situation at Arcadia University to encourage you to stay, what would it be?

Student Signature

Date

Date Withdraw is Effective

Last Term Enrolled

Please return completed withdrawal form to: Office of Graduate Studies, Taylor Hall, Room 200