GRADUATE NOTICE OF OFFICIAL WITHDRAWAL
FROM ARCADIA UNIVERSITY

Name

Arcadia User ID

______________________________________     ______________________

Status: ___ part-time ___ full-time

Program

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)

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

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 105