Trinity College
NOTIFICATION OF VOLUNTARY WITHDRAWAL

INSTRUCTIONS: After furnishing the information requested below, please take this form to the Dean of Students Office (if you are a traditional student), or Director of IDP (if you are an IDP student) for discussion and signature. You are expected to discuss your intention to withdraw with the appropriate administrator so that questions can be answered in detail and potential problems resolved before your departure. All of your responses will be treated confidentially. **The completed form must be returned to the Office of the Registrar.**

HAVE YOU RECEIVED A STUDENT LOAN WHILE AT TRINITY COLLEGE? ___YES ___NO
If yes, you must arrange for the required exit interview with the Student Accounts Office as part of your withdrawal from the College. Failure to do so will result in a hold being placed on your grades and transcripts.

STUDENT NAME: _____
First Middle Last
ID #: _____ CLASS YEAR: _____FACULTY ADVISOR'S NAME: _____

CELL TELEPHONE: _____ NON-TRINITY E-MAIL_____

PERMANENT/HOME ADDRESS: _____
Street City State Zip
ARE YOU CURRENTLY ENROLLED IN COURSES AT TRINITY? __YES __NO

ARE YOU CURRENTLY ON ACADEMIC PROBATION? __YES __NO

DO YOU EXPECT TO RETURN TO TRINITY AS AN UNDERGRADUATE? ___YES ___NO

DO YOU INTEND TO PERMANENTLY TRANSFER FROM TRINITY? ___YES ___NO

IF YES, NAME OF SCHOOL: _____

PERSONAL ASSESSMENT OF TRINITY ENVIRONMENT
Please indicate how satisfied or dissatisfied you have been with each of the following aspects of Trinity. For each item, check the appropriate column on the right. Your answers will be kept confidential.

ACADEMICS	**VERY SATISFIED**	**SOMEWHAT SATISFIED**	**SOMEWHAT DISSATISFIED**	**VERY DISSATISFIED**	**NOT APPLICABLE**
Quality of my courses					
Quality of my overall program/major					
Available course offerings					
Quality of academic advising					
Overall impression of Trinity faculty					
Overall impression of Trinity students in the classroom					
Quality of my academic performance					
Opinion of General Education/Distribution requirements					
Opinion of study abroad experience					

SOCIAL/RESIDENTIAL					
Quality of social life at Trinity					
Intellectual life outside the classroom					
Residential (dormitory) environment					
Overall impression of Trinity students					
Adequacy of extracurricular opportunities					
Hartford and its metropolitan area					
Attending school in an urban environment					

Did any of the following conditions contribute to your decision to withdraw? (Check as appropriate)

Financial circumstances _____ Medical conditions _____ Other personal or family emergencies_____

Any comments you wish to add? _____
_____
_____
_____

I understand that withdrawing voluntarily during the semester will lead to being placed on Academic Probation.

STUDENT'S SIGNATURE: _____ DATE: _____

DEAN/IDP DIRECTOR: _____ DATE: _____

STUDENT ACCOUNTS & LOANS: _____DATE: _____

PLEASE RETURN THIS FORM, WHEN COMPLETED, TO THE OFFICE OF THE REGISTRAR

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REGISTRAR: _____DATE FORM RECEIVED: _____