

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.

<b>ACADEMICS</b>	<b>VERY SATISFIED</b>	<b>SOMEWHAT SATISFIED</b>	<b>SOMEWHAT DISSATISFIED</b>	<b>VERY DISSATISFIED</b>	<b>NOT APPLICABLE</b>
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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_