

COMPLETE WITHDRAWAL REQUEST

Name: _____ Date: _____ Semester: _____
 Student ID#: _____ Major: _____
 Phone Number: _____ Advisor: _____
 Personal Email Address: _____
 Residence: On Campus Off Campus At Home With Parents

We regret that you find it necessary to withdraw from the college at this time. Please feel free to discuss this matter with your Academic Advisor, your Department, the Financial Aid Office, or other college staff members before making a final decision.

REASONS FOR WITHDRAWING

Please indicate your reasons for withdrawing from CCS.

Personal Category

- | | |
|--|--|
| <input type="checkbox"/> Decided to attend a different college
<input type="checkbox"/> Wanted to move to a new location
<input type="checkbox"/> Medical Problems
<input type="checkbox"/> Wanted to move back home
<input type="checkbox"/> Military | <input type="checkbox"/> Decided to take a break from studies
<input type="checkbox"/> Family responsibilities
<input type="checkbox"/> Emotional problems
<input type="checkbox"/> Conflicts on campus |
|--|--|

Academic Category

- | | |
|--|--|
| <input type="checkbox"/> Dissatisfied with grades
<input type="checkbox"/> Courses were not challenging
<input type="checkbox"/> Internship Opportunity
<input type="checkbox"/> Disappointed with the quality of instruction | <input type="checkbox"/> Courses were too difficult
<input type="checkbox"/> Too many required courses
<input type="checkbox"/> Failing my courses
<input type="checkbox"/> Stopped attending classes |
|--|--|

Institutional Category

- | | |
|---|---|
| <input type="checkbox"/> Content of desired major not as expected
<input type="checkbox"/> Experienced class scheduling problems
<input type="checkbox"/> Unhappy with college policies
<input type="checkbox"/> Impersonal attitudes of staff | <input type="checkbox"/> Academic Advising inadequate
<input type="checkbox"/> Could not find adequate housing
<input type="checkbox"/> Impersonal attitudes of faculty
<input type="checkbox"/> Decided to change major |
|---|---|

Financial Category

- | | |
|---|---|
| <input type="checkbox"/> Encountered unexpected expenses
<input type="checkbox"/> Financial aid received was inadequate
<input type="checkbox"/> Conflict between job and college | <input type="checkbox"/> Could not afford tuition and fees
<input type="checkbox"/> Accepted a full-time job
<input type="checkbox"/> Inadequate internship opportunities |
|---|---|

SINGLE MOST IMPORTANT REASON FOR WITHDRAWING

Which one of the reasons you indicated above had the most influence on your decision to withdraw from CCS?

Do you plan to return to CCS? Yes No If yes, when? _____

COMPLETE WITHDRAWAL REQUEST

If you could change one thing at the school today that would make it better here, what would that be?

Optional Student Comments:

Academic Advising and Registration Office Exit Interview:

Financial Aid Office Exit Interview:

Academic Advisor Signature: _____ Date: _____

Financial Aid Counselor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Copies will be distributed to the following offices:

- Academic Advising & Registration Office
- Department
- Financial Aid Office
- Office of Student Life

Return this form to:
Academic Advising & Registration Office
College for Creative Studies
201 East Kirby Street, Detroit, MI 48202
Phone: (313) 664-7672
Fax: (313) 664- 7649