MERCY COLLEGE OF HEALTH SCIENCES

A partner with Mercy Medical Center – Des Moines

COLLEGE EXIT FORM

Date: _____

Name: _____ Social Security No.: _____

Type of Withdrawal: ☐ Program ☐ College ☐ Defer to _____ ☐ Inactive ☐ LAS

☐ BSAH ☐ BSHCA ☐ ASN ☐ DMS ☐ MA ☐ PTA ☐ RT

☐ BSHS ☐ BSN ☐ CLS ☐ EMS ☐ NMT ☐ PSGT ☐ ST

Course #	Course Name	Last Day of Attendance	Instructor's Signature

Reason(s) for withdrawal:

_____ _____

Student Date

Please have persons sign in the order below. Financial Aid and tuition reimbursement will be calculated on the last class day attended. This withdrawal form must be completed in order for students to leave the college and/or program in good standing. For additional information, please see your Student Handbook. Return this form to the Registrar's Office upon completion.

Signatures:

_____ _____ _____ _____

Academic Advisor Date Billing Office / Financial Aid Date

_____ _____ _____ _____

Program Chair Date Librarian Date

8394600-056-3pt 08/09

_____ _____ TERM _____ GPA _____

Registrar Date

WHITE – Registrar YELLOW – Billing PINK – Financial Aid