

WAGNER COLLEGE WITHDRAWAL FORM

Directions: Complete this form and submit it to the CACE office (even if you are only considering withdrawing from the College). An EXIT INTERVIEW is required to complete the withdrawal process. Please call 718-390-3181 to schedule an interview. Then, you may request an official transcript with the Registrar Office.

ID# _____ NAME _____ DATE _____

PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP _____ CELL PHONE _____

NON-WAGNER EMAIL ADDRESS: _____

FACULTY ADVISOR _____ MAJOR _____ G.P.A. _____

EXPECTED GRADUATION YEAR: _____ PLEASE CIRCLE ONE: COMMUTER / RESIDENT

1. Was Wagner your 1st choice for college? YES / NO

2. What are the top three reasons why you choose Wagner?

- academic program/major
- administrator
- close to home
- far from home
- faculty
- other _____

- family/friends attended
- institutional reputation
- location in NYC
- to play athletics

3. Are you planning to transfer to another college? YES / NO

If so, which school(s) _____

If not, what are your plans _____

4. What are your reason(s) for leaving? Please check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> academic difficulty | <input type="checkbox"/> family circumstances | <input type="checkbox"/> major program not effective |
| <input type="checkbox"/> administration | <input type="checkbox"/> personal circumstances | <input type="checkbox"/> residence halls |
| <input type="checkbox"/> athletics | <input type="checkbox"/> financial reasons | <input type="checkbox"/> unclear college goals |
| <input type="checkbox"/> course availability | <input type="checkbox"/> health reasons | <input type="checkbox"/> other |
| <input type="checkbox"/> faculty | <input type="checkbox"/> major program not offered | |

Additional comments: _____

Student Signature & Date

CACE Advisor Signature & Date

PLEASE RETURN THIS FORM TO:

The Center for Academic and Career Engagement

Wagner College (Union Building) One Campus Road, Staten Island, NY 10301

Phone: 718-390-3181 Fax: 718-420-4012 Email: cace@wagner.edu

Official Use Only:

Immediate withdrawal Hold until end of FA/SP _____

Withdrawal Date: _____

Considering, check with student at end of FA/SP _____