

ANDREWS UNIVERSITY STUDENT EXIT PROCEDURE

We are sorry to hear that you are considering withdrawal at this time. We are here to ensure the smoothest exit and any potential benefits. Please carefully follow the exit steps below. Our thoughts are with you in your future plans.

NAME: _____ ID# _____ HOME PHONE: _____

FORWARDING ADDRESS:

_____ Street _____ City _____ State _____ Zip _____

Class Standing Freshman Sophomore Junior Senior Graduate
 My reason(s) for leaving: Financial Academic Illness Personal Involuntary Other
 Do you plan to return? Yes when _____ No Unsure

Please comment on your experience at Andrews University:

Instructions: The following procedure has been designed to help you complete the exit procedure as quickly as possible. Please complete each step in the order indicated.

SCHOOL/COLLEGE OFFICES

1. Academic Dean's Office Signature: _____ Date: _____
2. Advisor Signature: _____ Date: _____
3. I'm dropping all classes as listed below. Student's Signature: _____ Date: _____

Course Number	Section	Course Title	Credits

CAMPUS CENTER

4. Student Services Signature: _____ Date: _____
5. International Student Services Office Signature: _____ Date: _____
(Only International Students)
6. Food Services:(deactivate ID card from all campus use) Signature: _____ Date: _____

ADMINISTRATION OFFICES

7. Student Financial Services Signature: _____ Date: _____
8. Records Office Signature: _____ Date: _____
(Date for potential refund)

Fall and Spring Semester Tuition Adjustments				Summer Tuition Adjustments	
100%	1 st - 10 th calendar day	40%	18 th - 24 th calendar day	100%	1 st - 3 rd calendar day
70%	11 th - 17 th calendar day	0%	25 th - last day of semester	50%	4 th - 10 th calendar day
				0%	11 th - last day of term