TRINITY COLLEGE OF NURSING & HEALTH SCIENCES
IOWA HEALTH SYSTEM

College Withdrawal Form

Student Name: _____ ID#: _____

A student withdrawing from Trinity College must secure a signed College Withdrawal Form from the Faculty Advisor in order to officially withdraw. The official withdrawal date will be the date the form is signed by the Faculty Advisor. If a student leaves without properly processing a withdrawal, the official withdrawal date will be the date Trinity College becomes aware of the student's withdrawal, or the midpoint of the term, whichever is earliest. Students who do not follow the withdrawal process may be assigned a grade of "F" and refunds will not be granted. Transcripts will not be issued unless all financial obligations to the college are met.

STUDENT

I wish to withdraw from the _____ Program at Trinity College of Nursing & Health Sciences.
The reason for my withdrawal:

_____

_____

☐ I have read the Refund Policy in the College Catalog.

Student Signature: _____ Date: _____

ADVISOR/ADMINISTRATIVE

Reason for Withdrawal _____

_____

_____

_____

Last Date of Attendance if known: _____

Is Student registered for courses in upcoming term?
☐ Yes ☐ No (If Yes, please drop via portal)

Is Student currently enrolled in Gen Ed classes?
☐ Yes ☐ No
(If yes, do not complete form until within one week of end of term)

☐ Add/Drop Form completed

Is Student a Trinity Employee?
☐ Yes ☐ No

If No, was Photo Badge returned?
☐ Yes ☐ No (student will be billed $45)

Advisor Signature: _____

Date _____

FINANCIAL AID SPECIALIST

☐ Financial Aid Policies reviewed

☐ Exit Interview conducted/mailed

☐ NSLDS Updated

Official Withdrawal Date _____

Financial Aid
Specialist Signature: _____

Date _____

BURSAR

☐ Charges Paid in full

☐ Transcript Policy reviewed

Bursar Signature: _____

Date _____

EXECUTIVE ASSISTANT

☐ Notification of badge code removal from doors

Exec. Asst. Signature: _____

Date _____

CONFIRMATION OF WITHDRAWAL

Dean Signature: _____ Date: _____

Student Services Director Signature: _____ Date: _____

☐Removed from MLI List ☐Processed in CAMS Date: _____

White Copy - Student File Yellow Copy - Advisor Pink Copy - Student