Trinity College of Nursing & Health Sciences
UnityPoint Health

College Withdrawal Form

IDENTIFICATION

First Name — last 4 digits of SSN

Middle Name

Last Name

Personal Email Address

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 Financial Aid Specialist designates per Department of Education regulations. 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

Program of Study

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

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

Student Name:

Date:

CONFIRMATION OF WITHDRAWAL

Dean Signature — Date

Director of Student Services Signature — Date

☐ Removed from MLI List

☐ Processed in CAMS (Scanned)

☐ Email to Advisor & Student — 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