



## College Separation Form

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_

❖ Reason(s) for voluntary withdrawal (check **ALL** appropriate responses):

**Academic Difficulties:**

- Program Specific Coursework
- General Education Coursework
- All Coursework

**Personal Issues:**

- Balance of School, Work and Family Obligations
- Family Issues (i.e. death or illness in family)
- Relocation
- Personal Illness
- Financial Reasons

**Job Issues:**

- Work Schedule
- Number of Hours Working
- Conflicts with Job Commitments and Class Offerings
- Other

- Personal       Tuition Cost
- Transferring to Another Institution

Name of Institution \_\_\_\_\_

Do You Plan to Return?  Yes    No    Uncertain

Comments: \_\_\_\_\_  
\_\_\_\_\_

**I have spoken with someone in Financial Aid. I have read and understand the Billing Withdrawal/Refund, Satisfactory Academic Progress, and Return of Title IV Funds Withdrawal Policies as published in the college catalog and on the Aultman College website.**

Financial Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have read the Voluntary Withdrawal Policy, and I understand that I have two semesters/four sessions(BSNC) to return to Aultman College without reapplication for admission. The last semester I can return to enrolled status without reapplication is \_\_\_\_\_. I understand that it is my responsibility to contact the College Main Office at least 30 days prior to the start of this semester if I wish to enroll in classes during this timeframe. Cohort programs are an exception to this policy.**

**I understand that I will be withdrawn from all my classes at the close of business the day following completion of this form except for requests made on the posted withdrawal deadline date.**



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### ❖ Items Collected from Student:

- a. I.D. Badges Collected \_\_\_\_\_
- b. Clinical Experience Binder Returned (Radiography Only) \_\_\_\_\_
- c. Lead Markers Returned (Radiography Only) \_\_\_\_\_
- d. **Student will be billed for all outstanding fees and charges owed to Aultman College**

### ❖ Permanent Mailing Address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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***Failure to sign, date and complete this form will block the release of transcripts and/or references.***

Students desiring to withdraw or who are dismissed from the college must complete the Separation Form. This form must be signed by the student, advisor, and a financial representative. The student will receive a copy of the completed form, and the original will be filed in student's administrative record. If a student leaves without properly processing a withdrawal, a grade of "F" may be assigned for incomplete coursework, and financial refunds will not be granted. Transcripts will not be issued until all financial obligations to the college are met.