NON RETURNER FORM

End of Semester Withdrawal

(not required for graduating students)

Student Name		ID#	ID#	
Forwarding Address	ss			
	PO Box or Street			
	City	State	Zip Code	
	Phone Number			
		REASON FOR LEAVING		
Entering Mi Entering Of Entering Go Have becom	ram (Teacher certificati ilitary Service ficial Church Mission Sovernment Foreign Aid and Permanently Disable	Service Program, such as Peace Cod and am not able to continue program.	gram	
Primary Reason fo	r Not Returning:			
Workforce	g to another College/Un	n to my Advisor YES NO	ed a transcript to be sent?)(date)	
The following office	ces have been notified			
Financial A	.id_julie.gleason@wmp	oenn.edu (Julie Gleason)		
Academic l	Dean dianne.beadles@v	wmpenn.edu (for Dr. Noel Stahle)		
Business O	ffice wagamona@wmp	enn.edu (Ashley Wagamon)		
Residence leads to the result in fines being charged	Life scholesh@wmpenr ged to their account. If student	1.edu (Heidi Scholes) (Resident stud has mailbox key and fails to return the key, a	lents only - failure to check out properly may fine may be charged to their account.)	
Return form by em	nail to the Registrar's O	ffice: dollde@wmpenn.edu (641-	.673-2118)	
(0	Office of the Registrar)		(Date)	