## NON RETURNER FORM

## End of Semester Withdrawal

(not required for graduating students)

Student Name	t Name ID#		
Forwarding Addre	PO Box or Street		
	PO Box of Street		
	City	State	Zip Code
	Phone Number		
		REASON FOR LEAVING	
Entering M Entering Of Entering Go	gram (Teacher certificat ilitary Service fficial Church Mission S overnment Foreign Aid	ion, 3+2 Engineering major, etc) Service Service Program, such as Peace ed and am not able to continue pr	*
Primary Reason fo	or Not Returning:		
Future Plans: Transferring Workforce	g to another College/Un	niversity ( <b>If yes, have you reque</b>	sted a transcript to be sent?)
I have communica	ted my plan not to retur	n to my Advisor YES NO	(date)
The following offi	ices have been notified		
Financial A	Aid <u>heatonk@wmpenn</u>	<u>.edu</u> (Kendra Heaton)	
Academic Dean <u>lori.fowler@wmpenn.edu</u> (for Dr. Noel Stahle)			
Business Office wagamona@wmpenn.edu (Ashley Wagamon)			
Residence Life <a href="mailto:scholes">scholesh@wmpenn.edu</a> (Heidi Scholes) (Resident students only - failure to check out properly may result in fines being charged to their account. If student has mailbox key and fails to return the key, a fine may be charged to their account.)			
Return form by en	nail to the Registrar's O	ffice: dollde@wmpenn.edu (64	1-673-2118)
((	Office of the Registrar)		(Date)