TRINITY UNIVERSITY
APPLICATION FOR COMPLETE WITHDRAWAL

STUDENT
NAME______________________________________________  I.D. NUMBER______________________

( ) Undergraduate  ( ) Graduate

If currently enrolled, is Complete Withdrawal effective immediately or after semester ends?
☐ Effective Immediately
☐ Effective after semester ends

UNIVERSITY RESIDENCE HALL STUDENT ( ) YES ( ) NO

Mail refund or final statement to:               Reason for withdrawal:
______________________________________________               __________________________________________
______________________________________________               __________________________________________
______________________________________________               __________________________________________
City                          State                        Zip

I hereby apply for approval to withdraw as a student from Trinity University. I understand that if I had registered for classes, this form must be completed signed, and admitted prior to the first day of classes in order to avoid tuition and fees charges. I understand that a refund or reduction in tuition is based on the refund schedule published in the current university bulletin. I also understand that residence hall charges are not refundable and that board charges will be pro-rated.

_____________________________________________  Date
Student Signature

I ( ) have counseled ( ) have not counseled with the above student.

______________________________________________             ________________________________
Faculty Advisor/Graduate Program Director                                       Date

__________________________________________________               __________________________________
Dean of Students                                                                                      Date

Application for complete withdrawal is approved subject to clearance by the student of any and all outstanding charges due Trinity University, return of all library materials, and completion of exit interview with the Financial Aid Office, if applicable. The appropriate tuition refund percentage is:
Term: _____________ ( ) 100%, ( ) 50%, ( ) None

______________________________________  Date
Registrar                                                                              Date

Requires signature of AVPAA if deadline to withdraw has passed.

______________________________________  Date
Associate Vice President Academic Affairs                                      

3/14/11

Office Use Only

Date of Withdrawal
In order to complete the withdrawal process, the student is required to answer the following questions.

Please check any factors that have led to your withdrawal:

☐ Academic rigor (too difficult) ☐ Financial – loss of scholarship
☐ Academic rigor (too easy) ☐ Financial – family situation changed
☐ Academic programs (interest area not available) ☐ Financial – burden too great
☐ Class availability ☐ Physical health
☐ Inadequate preparation for rigor ☐ Psychological or Emotional health
☐ Distractions interfered with studies ☐ Family situation
☐ Socially never connected ☐ Want to go to larger school
☐ Environment too small ☐ Want to be closer to home
☐ Never my choice to attend ☐ Relationship/Friendships elsewhere
☐ Not my top choice ☐ Residency requirement
☐ Other ________________________________ ☐ Meal plan requirement

Please check any that describe your immediate plans:

☐ Transferring (where?) ________________________________
☐ Part-time work
☐ Treatment (physical or mental health)
☐ Moving home
☐ Time off
☐ Other ________________________________

What have you liked best about your Trinity experience?

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

What would you like to see the University do differently?

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Could the University faculty and staff have done anything to keep you here?

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Will you recommend Trinity University to others in the future?

_______________________________________________________________________________________