



Withdrawal From The College Form

**Quinsigamond Community College
Registrar's Office
670 West Boylston Street
Worcester, MA 01606-4257**

Date _____/_____/_____

Semester/Year _____

Major/Program of Study _____

Last Name First Name Middle

- - OR ()- -
Social Security Number Student ID Number Telephone

Street Address: _____

City State Zip Code

Please Note: Withdrawing from one or more courses may impact course sequencing, pre-requisites, financial aid, and/or family medical insurance.

REASON FOR WITHDRAWAL (select all that apply):

Is your withdrawal in any way related to COVID-19? Y/N

PERSONAL:

- _____ Child care problems (CH) _____ Lack of transportation (TR)
- _____ Health (personal) (HE) _____ Moving (MO)
- _____ Health (family) (HF) _____ Work schedule conflict (WK)
- _____ Military Service (MS) _____ Not ready for college (NR)
- _____ Foreign or Government service (FG) _____ Church/Missionary (CM)

FINANCIAL:

- _____ Insufficient financial aid (FA) _____ Ineligible for financial aid (IF)

_____ Change in financial situation (CF)

EDUCATIONAL:

- _____ Overwhelmed by studies (ED) _____ Courses did not meet goal (GO)
- _____ Transferred to 2 yr institution (T2) _____ Transferred to 4 yr institution (T4)

Do you plan to return to Quinsigamond in the future? YES _____ When _____ NO _____
Do you have any library books checked out? YES _____ NO _____

Student's Signature

Date

Counselor/Advisor Signature

Date