

Bryn Athyn college

Discontinuation of Attendance

This form indicates your intent to withdraw from Bryn Athyn College after the completion of a given term. Once you have completed the process and all portions of this official Discontinuation of Attendance form have been signed and dated by appropriate parties, please submit this form to the Registrar's Office for processing.

Student Name: _____

Effective Date: _____ At the end of which term are you leaving? _____

Student Signature: _____ Date: _____

Please choose the option(s) that best describes your reason for leaving.

- | | | |
|--|---|---|
| <input type="radio"/> Completed Intended Program | <input type="radio"/> Transferring to _____ | <input type="radio"/> Academic Difficulty |
| <input type="radio"/> Financial Problems | <input type="radio"/> Illness/Medical | <input type="radio"/> Loss of Interest in College |
| <input type="radio"/> Student Conduct Violation | <input type="radio"/> Homesickness | <input type="radio"/> Personal |

STEP 1: Meet with your advisor (if your advisor is unavailable, you may meet with Dean T. Glenn or Associate Dean R. Cooper)

Notes: _____

Signature: _____ Date: _____

STEP 2: Meet with Financial Aid (Brian Keister 267-502-6034)

Notes: _____

Who is your supervisor? _____ *Are you currently employed on campus? _____

Signature: _____ Date: _____

STEP 3: Meet with the Bursar (267-502-2493)

Notes: _____

Who is your supervisor? _____ *Are you currently employed on campus? _____

Signature: _____ Date: _____

STEP 4: Meet with Dean T. Glenn, 267-502-4844

Notes: _____

Signature: _____ Date: _____

STEP 5: RESIDENT STUDENTS ONLY: Meet with Dean S. Nelson, 267-502-2482

Notes: _____ Move out date: _____

Signature: _____ Date: _____

- Do not move out or leave school without going through the procedures outlined above. You may incur additional fees if you fail to follow the necessary checkout procedures.
- Your checkout will not be complete until after you have turned in your keys and laptop (if applicable).

FOR OFFICIAL USE ONLY: College Office, Dean of Academics and Faculty, Dean of Students, and Residence Directors. Please sign and date when a student requests this form from you.

Signature: _____ Date: _____

cc: Financial Aid Office