



Office of the Registrar
 Mount Aloysius College
 7373 Admiral Peary Hwy
 Cresson, PA 16630
 (814) 886-6400
 Registrar@mtaloy.edu

Received: _____

Notification of Student Term Withdrawal

NAME: _____ ID# _____

ADDRESS: _____

PHONE # _____ ADVISOR _____ MAJOR _____

Semester/Year of Withdrawal: Fall _____ Spring _____ Summer _____ Year _____

Do you plan on returning to Mount Aloysius College? Yes ___ No ___ If yes, when? _____ Unknown ___

Number of Credits Registered for this Semester _____

Check Enrollment Status: Full-time _____ Part-time _____ GCE _____

Check Housing Status: Resident _____ Commuter _____ Online _____ Unknown _____

Reason(s) for Withdrawal (Please mark 1,2,3 to designate order of reasons)

Academic _____ Personal/Family Issues _____ Difficulty Adjusting MAC _____

Health/Emotional _____ Financial _____ Employment _____

Military _____ Didn't register for classes _____ Other (specify in Comments) _____

Transferring to: _____

Comments: _____

Personal Assessment of Mount Aloysius College

Academics

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Not Applicable
Quality of My Courses					
Quality of My Program/Major					
Available Course Offerings					
Quality of academic advising					
Overall impression of faculty					
Quality of Resources (Tutoring, Tech Support, etc.)					
Quality of My Academic Performance					

Non-Academics

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Not Applicable
Quality of social Life					
Residential Life Environment					
Adequacy of Extracurricular Activities					
Quality of Resources (Counseling, Disability, etc.)					
Quality of Financial Aid and Business Offices					
On-campus Safety					
Overall impression of Mount Aloysius College					

Comments: _____

I have met with Business Office: Yes ___ No ___
 I have met with Financial Aid: Yes ___ No ___
 I have met with Residence Life: Yes ___ No ___ Not applicable ___

I wish to officially withdraw from **Mount Aloysius College**. I understand that I am responsible for contacting the Business and Financial Aid Offices to discuss outstanding financial obligations before my withdrawal is effective. Once this form has been processed I will receive a final student account statement from the College. If their calculation determines that I will owe the College because of my withdrawal, I will pay my financial obligation to the College. I understand that failure to do so will result in a hold being placed on my account and I will not have access to my official transcript until my obligation is met

 Student's Signature

 Date

 Student Success & Persistence

 Date

Registrar's Office:

Processed By: _____ Date: _____

LDA for Veteran: _____