

HIGH POINT UNIVERSITY

Norcross Graduate School

WITHDRAWAL FORM

Date: _____

Last Name: _____

First Name: _____

Student ID: _____ Program: _____

You are a valued member of the HPU Family and we are committed to your success. Before you withdraw from HPU Norcross Graduate School, we ask for a few moments of our time so that we might understand your reasons for leaving.

Are you planning on returning to HPU? _____ Yes _____ No If yes, when? _____

Are you planning on attending another school? _____ Yes _____ No If yes, where? _____

What is/are the main reason(s) you are withdrawing from High Point University's Norcross Graduate School?

<input type="checkbox"/> Financial Hardship	<input type="checkbox"/> Health Concerns	<input type="checkbox"/> Relocation	<input type="checkbox"/> Don't Feel Connected
<input type="checkbox"/> Academic Difficulties	<input type="checkbox"/> Family Concerns	<input type="checkbox"/> Unhappy with HPU	<input type="checkbox"/> Dislike Course Offerings
<input type="checkbox"/> Dislike the Faculty	<input type="checkbox"/> Change of Career Goals	<input type="checkbox"/> Just Need a Break	<input type="checkbox"/>

Please feel free to provide additional comments on your reason(s) for leaving HPU.

****Note:** Before submitting the withdrawal form, please consult with Student Accounts and Financial Planning to ensure you understand the financial implications of withdrawing from the university.**

Student Signature

Date

Program Coordinator/Dean Signature

Date

Office of Graduate Studies Signature

Date

*Please return this form to the Office of Graduate Studies, Norcross 127, One University Parkway,
High Point University, High Point, NC 27268, or via e-mail to graduate@highpoint.edu.*

NGS Staff Initials ☐ Notified Financial Aid ☐ Notified Student Accounts ☐ Notified Building Access ☐ Notified Housing