

Student Withdrawal Survey

Name: _____ Date: _____
Program: _____ Phone Number: _____
Current Address: _____ Student ID #: _____



Please check the reason that best describes why you are withdrawing from WDT.

- | | | |
|---|---|--|
| <input type="checkbox"/> Academic Issues | <input type="checkbox"/> Job Offer | <input type="checkbox"/> Transportation Issues |
| <input type="checkbox"/> Attendance Issues | <input type="checkbox"/> Lack of Interest | <input type="checkbox"/> Going into Military |
| <input type="checkbox"/> COVID-19 Related | <input type="checkbox"/> Legal Issues | <input type="checkbox"/> Family/Personal Issues |
| <input type="checkbox"/> Daycare Issues | <input type="checkbox"/> Medical | <input type="checkbox"/> Did Not Return |
| <input type="checkbox"/> Financial Aid Issues | <input type="checkbox"/> Money Issues | <input type="checkbox"/> Quit Coming – Unable to Contact |
| <input type="checkbox"/> Housing Issues | <input type="checkbox"/> Moving | <input type="checkbox"/> Non-Payment |
| <input type="checkbox"/> Incarcerated | <input type="checkbox"/> Transferring Schools | <input type="checkbox"/> Other _____ |

I plan to return next (check one): Fall Spring Summer Unsure Not Returning

Please write any comments you have related to your experience at WDT.

Student Signature

Office Use Only: Date of Notification: _____ LDA: _____ Receiving Vet Education Benefits Yes/ No

Jenzabar Processed (Initials/Date): _____

06/2020