

OFFICIAL WITHDRAWAL

Name _____ Official Contact Date: _____
Contact Method: ___ Phone ___ Mail ___ Email ___ In Person
First Semester enrolled at MacMurray College _____ Student ID# _____
Permanent Address _____
Permanent Phone Number _____ Cell Phone Number _____
Age _____ Race/Ethnicity (optional) _____ Advisor _____ Major _____
Residence Hall (if applicable) _____ Year (please circle one) Freshman Sophomore Junior Senior

EXIT INTERVIEW

Please obtain signatures in the order listed below.

<u>OFFICE</u>	<u>SIGNATURE</u>	<u>DATE</u>
Financial Aid	_____	_____
Business Office	_____	_____
Recorder/Registrar	_____	_____
Last Day of Attendance: _____		
Student Affairs	_____	_____

After obtaining the required signatures from Financial Aid, the Business Office, Recorder/Registrar, and Student Affairs, please return this form to Beth Ham.

*The Business Office CANNOT issue refund checks, credit balances, etc., unless withdrawal procedures are completed and all materials returned (athletic equipment, library books, residence hall keys, etc.).

***Your Student ID Card must be returned to the Student Affairs Office before your withdrawal will be processed!**

COLLEGE SATISFACTION

How satisfied were you with the services of each of the following at MacMurray College? Please complete the following as honestly as possible so we can work to improve. (Rate the services 4-0.)

4 Very Satisfied, 3 Satisfied, 2 Undecided, 1 Dissatisfied, 0 N/A-Did Not Use or Participate

- | | |
|--|--|
| _____ Academic Advising | _____ Food Service |
| _____ Admissions Procedures/Process | _____ Health Services |
| _____ Athletic & Recreational Facilities | _____ Intramurals |
| _____ Billing/Business Office | _____ Library |
| _____ Bookstore | _____ Maintenance Service |
| _____ Campus Appearance | _____ My Academic Major |
| _____ Career Services Office | _____ Records & Registration |
| _____ Classroom Facilities | _____ Religious Programming/Chaplain's Office |
| _____ Classroom Instruction | _____ Residence Halls |
| _____ Resident Director & Assistants | _____ Work Study Program |
| _____ Cultural & Fine Arts Programs | _____ Security |
| _____ Student Life Office | _____ Services for Persons with Disabilities |
| _____ Financial Aid Award | _____ Student Government/Extra Curricular Activities |
| _____ Faculty | _____ Technology/Computer Service |

Do you plan to re-enroll at this college?

_____ Yes _____No _____Undecided

If no, what are your immediate plans? _____

If you are transferring, to where and why are you transferring? _____

What is the overriding factor that caused you to withdraw from MacMurray College? _____

What do you like most about MacMurray College? _____

What do you like least about MacMurray College? _____

What activities/organizations/sports were you involved in at MacMurray College? _____

Any other comments that would help us to improve MacMurray College? _____

Please return this form with all required signatures to:

MacMurray College Student Affairs Office

447 East College Avenue

Jacksonville, Illinois 62650-2910