

NOT RETURNING TO ANDERSON UNIVERSITY

Student's Name

Student ID#

I will no longer be attending Anderson University. Please cancel any pending class schedules I may have.

The reason I will not be attending Anderson University is:

Please list your Advisor's Name: _____

I will finish current semester: Y or N

HOME ADDRESS AND PHONE NUMBER:

() _____

Student Signature

Date

Revised 12-9-11

For office use only:

- | | |
|----------------|--------------------------|
| Google Docs | <input type="checkbox"/> |
| Print schedule | <input type="checkbox"/> |
| Drop classes | <input type="checkbox"/> |
| Remove term | <input type="checkbox"/> |
| File schedule | <input type="checkbox"/> |
| DISC | <input type="checkbox"/> |
| E-mail sent | <input type="checkbox"/> |