



Central Ohio Technical College

The Gateway – Student Records

1179 University Drive, Newark, OH 43055
Phone: 740-364-9594 ■ Fax: 740-366-9160
cotcrecords@mail.cotc.edu

Withdrawal Form

Submit this form to The Gateway to drop all classes or withdraw from any given semester. The date of withdrawal is the date this form is received and signed by a Gateway Advisor. Any applicable refund is based on this date. Refer to the drop/withdraw policy for refund schedule and dates. Students who completely withdraw from school may lose a semester of financial aid eligibility or be required to pay back a portion of any financial aid received. Therefore, it is extremely important to consult with Financial Aid **before** withdrawing.

 Last Name First Name Middle Name Student ID

Primary Phone: _____ Landline Mobile Secondary Phone: _____ Landline Mobile

Effective Semester for Withdrawal: Autumn Spring Summer Year: _____

Are you enrolled in a future semester from which you also need to withdraw? No Yes – list semester: _____

Withdrawal is requested for the following reason(s): Academic Family Financial Foreign Aid Services Medical
 Military Personal Work-related Transferring to: _____ Other: _____

When did you begin to think about withdrawing? Before the start of school 1st week 2nd week 3rd week 4th week
 5th week 6th week Other: _____

With whom did you discuss your decision to withdraw? (Check all that apply) Parents/Relative Faculty Member Advisor
 College Staff Member Fellow Student/Friend Career Services Employer Other: _____

Do you plan to re-enroll at COTC in the future? Unknown No Yes – list semester: _____

Reasons for Leaving College

Listed below are a number of reasons why students sometimes decide to leave college. Please indicate whether each of the reasons listed are a **major** reason, **minor** reason or **not** a reason that you are considering leaving COTC.

<u>Academic</u>	Major Reason	Minor Reason	Not a Reason
1. Dissatisfied with my grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Courses were too difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Courses were not challenging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Academic Advising was inadequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Experienced class scheduling problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Not selected into desired health program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Financial</u>			
1. Financial aid received was inadequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Encountered unexpected expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Financial aid not in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Personal</u>			
1. Health-related problem (family or personal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Influenced by parents or relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Felt racial/ethnic/religious/cultural tension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Family responsibilities were too great	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Uncertain about the value of college education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Work-related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE VERIFICATION

Student Signature: _____ Date: _____

Academic Advisor Signature: _____ Date: _____

Financial Aid Advisor Signature: _____ Date: _____

Gateway Use Only: CRI Code RGCWDRAW added with status of "Not Reviewed"
 Processed by: _____ Date: _____