**Withdrawal Form**

|  |  |
| --- | --- |
| **Student Name** |  |
| **Permanent Address** |  |
|  | **(Street) (City) (State) (Zip)** |
| **Phone** |  |
| **Email** |  |

**I am requesting:**

LEAVE OF ABSENCE: The period of time I expect to be away is from: \_\_\_/\_\_\_/\_\_\_\_\_\_

To: \_\_\_/\_\_\_/\_\_\_\_\_\_

PERMANENT WITHDRAWAL FROM HEALTH-TECH INSTITUTE OF MEMPHIS:

Reasons for Withdrawal

(Please check all that apply.)

Financial  Personal  Enrolling in new Post-secondary Institution

Employment  Health-related Issue (pregnancy, death in family, etc.)

Other (Please explain below.)

Exit Interview Comments:

|  |
| --- |
|  |
|  |
|  |

Exit Interview Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Required Signatures**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Student** | **SSN** | **Date** |
|  | |  |
| **HTIM Administration** |  | **Date** |
|  | |  |
| **HTIM Administration** |  | **Date** |