



Sierra States University Exit Form

Dear Student,

We are sad to see you leave. Data from students leaving our institution is essential in helping us improve our institution's environment for all students. We greatly appreciate your taking the time to complete our Exit Form.

1. Information

Surname		Given Name			
Program/Degree		<input type="checkbox"/> Business Administration <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate		Age	
		<input type="checkbox"/> Under 20 <input type="checkbox"/> 21~30 <input type="checkbox"/> 30~40 <input type="checkbox"/> 40~50 <input type="checkbox"/> 50+		Student ID	
Gender		Religion		Race	
<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Christian <input type="checkbox"/> Catholic <input type="checkbox"/> Hindu <input type="checkbox"/> Buddhism <input type="checkbox"/> Islam <input type="checkbox"/> Other		<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	
		Date of Birth (MM/DD/YY)		/ /	

2. Survey: Please think of your time at Sierra States University & give the most honest satisfaction level.

Please respond to each question on a scale of 1-4 (1 = poor, 2 = fair, 3 = good, 4 = excellent) or N/A (not applicable).		1 = poor, 2 = fair, 3 = good 4 = excellent	N/A
1	Tuition cost		
2	Did you like meeting with an admissions advisor before applying?		
3	How do you feel about the academic quality of the courses?		
4	What do you think of our campus environment?		
5	How would you rate the faculty?		
6	Do you feel that the institution executes and upholds the mission statement?		
7	How likely are you to return to our institution?		
8	How likely are you to recommend our institution to others?		

3. Withdrawal reason:

- a. Transfer
 - i. Different major (specify major): _____
 1. If same major, Why? _____
 - ii. Name of Institution: _____
- b. Work
 - i. Name of employer: _____
- c. Other
 - i. Please specify: _____

Signature: _____ Date: _____



WITHDRAWAL FORM

Student Name: _____ Degree: _____ SEVIS ID# _____

Address: _____
Street Address City State Zip

Phone (Home): _____ (Cell): _____ E-mail: _____

Current (or Last) Quarter: Spring 20__ / Summer 20__ / Fall 20__ / Winter 20__

Effective Date of Withdrawal: _____ Do you plan on returning? If so, When? _____

Please explain:

I understand that by signing form, I am officially withdrawing from Sierra States University, and If I decide to resume my studies, I must reapply for admission.

If you're an F-1 student, please complete the following:

Please terminate or transfer my I-20 for early withdrawal effective on _____

Student Signature: _____ Date: ____/____/____
MM / DD / YYYY

Office Use Only:

Request Reviewed and Processed by

Name of Staff: _____ Date: _____