

NON-RETURNING FORM

Completing the Non-Returning Process:

Step 1: Complete Section 1 of this form in order to begin the notification process.

Step 2: Make an appointment with the Dean/Associate Dean of Students for an exit interview.

Step 3: Secure required signatures and return this form to the Registrar's Office by the end of the semester for completion of Section 6.

Section 1: Student Information

(Please Print)

Last

First

Middle

Address

Current Non-Wabash Email (where you can be contacted after departure)

City/State/Zip Code

Current Phone Number

Please complete the exit survey using the following link or QR code (survey must be completed prior to obtaining signature of Dean/Associate Dean and Associate Registrar):

<https://forms.office.com/r/wizLmpBxiY>



Section 2 Dean of Students Office - 115 Center Hall

☐ This student has met with the Dean/Associate Dean of Students and the Dean/Associate Dean of Students is aware that the student plans not to return to the College next semester.

Dean/Associate Dean of Students' Signature

_____/_____/_____
Date

Section 3: Advisor

☐ This student has met with their academic advisor and their advisor is aware that the student plans to not return to the College next semester.

Advisor's Signature

_____/_____/_____
Date

Section 4: Financial Aid - Garden Level Trippet Hall

☐ This student has met with the Financial Aid Office and completed the necessary paperwork required, if any, to not return to the College next semester.

Financial Aid Administrator's Signature

_____/_____/_____
Date

Section 5: Business Office – 105 Center Hall

☐ This student has met with the Director of Student Accounts and completed the necessary paperwork required, if any, to not return to the College next semester.

Director of Student Accounts' Signature

_____/_____/_____
Date

Section 6: Registrar's Office-115 Center Hall

☐ I do not intend on returning to Wabash College next semester. If I change my mind, I will contact the Associate Registrar at 765-361-6245 by July 1st to return in the fall and January 1st to return in the spring. Past these deadlines, I understand that my pre-registration, billing, and room assignment will be cancelled and I must contact the Dean of Students Office at 765-361-6310 to gain approval to return.

Student's Signature

_____/_____/_____
Date

Associate Registrar's Signature

_____/_____/_____
Date