



STUDENT EXIT FORM

Student: \_\_\_\_\_

Program: \_\_\_\_\_

Anticipated Exit Date: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Please indicate your reason for leaving Jefferson College of Health Sciences:

- Graduation       Leave of Absence       Withdrawal

Any student wishing to receive clearance for graduation or considering a leave of absence greater than one semester is required to take this form to all departments or business offices indicated. All individuals signing this form must indicate that all of the student's obligations to the Jefferson College of Health Sciences have been satisfied before the student can be eligible for graduation or have any requests for transcripts honored.

Note: Graduating students must return completed form to the Registrar's Office 5 business days prior to date of graduation. Other exiting students must return completed form to the Registrar's Office by the student's last official day of classes.

Attention Signers: Please do not sign unless student is cleared.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*Program Director/Date*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*Library & Learning Resources Staff/Date*

\_\_\_\_\_  
*Financial Aid Director/Date*

\_\_\_\_\_  
*Academic Advisor/Date*

\_\_\_\_\_  
*Bursar/Date*

\_\_\_\_\_  
*Registrar/Date*

\_\_\_\_\_  
*Student Affairs/Date*

Received by Registrar: \_\_\_\_\_  
**(Form goes to Registrar last)**      *Initials/Date*

REGISTRAR