

WAGNER COLLEGE

Center for Academic and Career Development Student Withdrawal Form

Complete this form and return it to the Center for Academic and Career Development. In addition, an **exit interview is required**. If you have met with a CACD staff member within the past two weeks, no additional meeting is required. Call 718-390-3181 to schedule an in-person interview. The exit interview may be completed by phone if an in-person interview is not possible.

WD DATE _____

NAME _____ TODAY'S DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

ID# _____ (check one) COMMUTER _____ WAGNER RESIDENT _____

MALE _____ FEMALE _____ FR. _____ SO. _____ JR. _____ SR. _____ GRAD _____

MAJOR _____ GPA _____ FACULTY ADVISOR _____

WAGNER EMAIL ADDRESS: _____@wagner.edu

PERSONAL EMAIL ADDRESS: _____

1. Was Wagner your 1st choice for college? Yes ___ No ___

2. Why did you choose Wagner? Rank top 3 (1) most important, (2) moderately important, (3) least important

- ___ location in NYC
- ___ family member attended
- ___ close to home
- ___ far from home
- ___ academic program/major
- ___ to play athletics
- ___ institutional reputation
- ___ other _____

3. Are you planning to transfer to another college? Yes ___ No ___

If yes, name of college _____

4. Please check the reason(s) for your withdrawal and grade them according to importance, (1) most important, (2) moderately important, (3) least important.

- ____ major program not offered, specify _____
- ____ major program not effective, specify _____
- ____ campus life, specify _____
- ____ financial reasons
- ____ family circumstances
- ____ personal reasons
- ____ health condition
- ____ unclear college goals
- ____ academic difficulty
- ____ other

Student Signature and Date

Exit Interview Notes:

CACD Administrator Signature and Date

PLEASE RETURN THIS FORM TO:
The Center for Academic and Career Development
One Campus Road
Staten Island, NY 10301
Phone: 718-390-3416
Fax: 718-420-4012
Email: cpucci@wagner.edu

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