Ashland Theological Seminary
Withdrawal Request and Information

Student’s Full Name: ____________________________________________
First        Middle        Last        ID#

Semester and year you began classes: ____________ Semester and year of withdrawal: ____________

Gender:  □ Female  □ Male  Housing:  □ Commuter  □ Residential  □ MA  □ M.Div.

Step 1: Mark the area(s) that serve as primary reasons why you are considering withdrawal.
Step 2: Circle those that are most important to you.

ACADEMIC
□ Quality of major inadequate
□ Too many required courses
□ Academic boredom (not challenging)
□ Academics too rigorous
□ Lack of faculty mentoring
□ Dissatisfied with academic program
□ Dissatisfied with my grades
□ Conflict between job and seminary
□ Academic advising was inadequate
□ Experienced class scheduling problems
□ Lack of academic support
Other: ____________________________________________

FINANCIAL
□ Could not find work
□ Did not budget money well
□ Unexpected financial expenses
□ Financial aid received was inadequate
Other: ____________________________________________

PERSONAL
□ Family problems prevent continuing
□ Live too far from seminary
□ Personal illness (medical)
□ Emotional concerns
□ Not sure of direction/goals
□ Lack of support (specify area where support was lacking) ____________________________
Other: ____________________________________________

Social
□ Feeling of being alone/lonely
□ Unhappy with living environment (seminary housing)
□ Dissatisfied with fellow students
□ Dissatisfied with student body
Other: ____________________________________________

When deciding on which seminary to attend, was ATS your first choice?
□ Yes  □ No

What do you plan to do immediately after you withdraw?
□ Transfer to: ____________________________________________
□ Obtain full-time employment
Other: ____________________________________________

What might enable you to remain at ATS?

Please list your areas of campus involvement.
I wish to withdraw from Ashland Theological Seminary as of ________________________________

Do you plan on returning to ATS at some point in the future?

Please circle: (No, definitely not) 1 2 3 4 (Yes, definitely)

Other comments:

➤ If you need to drop any currently registered classes, a registration change form with appropriate signatures must also be submitted. It is very important to indicate last date of attendance in the appropriate column.

__________________________________________________________
Signature of Student                                           Date