

PLEASE PRINT THIS FORM, COMPLETE THE QUESTIONS, SIGN IT AND OBTAIN SIGNATURES FROM

<input type="checkbox"/> <input type="checkbox"/>	
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LAST NAME	FIRST NAME	MIDDLE NAME
NON-HOPE EMAIL ADDRESS		STUDENT ID NUMBER
PERMANENT ADDRESS STREET		CELL PHONE NUMBER
CITY	STATE	ZIP

Use this space to provide the reason you are leaving Hope.	If leaving during semester, please provide the exact date you last attended a class. <div style="text-align: center;"> _____ _____ Month Day </div>
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Do you plan to readmit to Hope College? *If yes, for what semester/term and year?* Yes No

_____ Semester/Term and Year

