



**AMERICAN ISLAMIC COLLEGE  
NOTIFICATION OF VOLUNTARY WITHDRAWAL**

If you are considering to voluntarily withdraw from American Islamic College, then please bring this form to the appropriate administrator or your advisor so that your intention to withdraw can be discussed and potential problem areas, solved. The discussion is confidential. *The completed form must be submitted to the Registrar.*

Today's Date: \_\_\_/\_\_\_/\_\_\_

Have you received a full-tuition scholarship from the College? \_\_\_ Yes \_\_\_ No

Student Name: \_\_\_\_\_  
First Middle Last

Student ID #: \_\_\_\_\_ Current Semester: \_\_\_\_\_ Class Year: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Student Email \_\_\_\_\_

Permanent/Home Address: \_\_\_\_\_  
Street City State Zip

Are you currently enrolled in classes at the College? \_\_\_ Yes \_\_\_ No

Are you currently on 'Academic Probation'? \_\_\_ Yes \_\_\_ No

Do you expect to return to the College? \_\_\_ Yes \_\_\_ No

**PERSONAL ASSESSMENT OF AIC ENVIRONMENT** Please indicate how satisfied or dissatisfied you have been with each of the following aspects of student life at AIC. For each item, check the appropriate column on the right. Your answers will be kept confidential.

<b>ACADEMIC ENVIRONMENT</b>	<b>4- VERY SATISFIED</b>	<b>3- SATISFIED</b>	<b>2- DISSATISFIED</b>	<b>1- VERY DISSATISFIED</b>	<b>0- N/A</b>
-----------------------------	------------------------------	-------------------------	----------------------------	---------------------------------	-------------------

Quality of Classes					
Quality of Program					
Quality of Faculty					
Quality of Advisors					
Quality of My academic performance					

**STUDENT LIFE**

Quality of extracurricular activities					
Quality of dormitory					
Quality of My social life					

Did any of the following conditions contribute to your decision to withdraw? (Check as appropriate)  
Financial circumstances \_\_\_\_\_ Medical conditions \_\_\_\_\_ Other personal or family  
emergencies \_\_\_\_\_

Any comments you wish to add?

---

---

---

---

---

I understand that withdrawing voluntarily during the semester will lead to being placed on Academic Probation.

Student's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN THIS FORM, WHEN COMPLETED, TO THE OFFICE OF THE REGISTRAR

For Office Use Only	
REGISTRAR: _____	DATE FORM RECEIVED: _____
This form has been processed _____ (initial) _____ (date)	