

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

<p>Use this space to provide the reason you are leaving Hope.</p>	<p>If leaving during semester, please provide the exact date you last attended a class.</p> <p style="text-align: center;">Month Day</p>
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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

