

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

|   |  |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> |  |
|---|--|

|                          |            |                   |
|--------------------------|------------|-------------------|
| 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.<br><br><div style="text-align: center; margin-top: 20px;">                     Month                      Day                 </div> |
|--|---|

Do you plan to readmit to Hope College? *If yes, for what semester/term and year?*                       Yes                       No

\_\_\_\_\_ Semester/Term and Year

