



INTERNATIONAL COLLEGE CAYMAN ISLANDS

Date _____

Quarter: _____

College EXIT Form

Last Name: _____ First Name: _____ M I: _____ Class Year: _____

Program Degree: _____ Major: _____ Concentration: _____

Email Address: _____ Telephone Numbers: _____

Student Type: ☐ Undergraduate ☐ Graduate

1. Are you withdrawing for related employment? Yes No

a. Name of Employer/Address:

2. Are you unable to continue attending because of

- a. Work Obligations
- b. Personal Obligations
- c. Medical Reasons
- d. Immigration Roll-over Policy
- e. Financial Reasons

i. If yes, did you apply for financial assistance? Yes No

3. Are you withdrawing because of dissatisfaction with the institution? Yes No

If yes, please provide a detailed explanation (use additional sheet if needed):

It is my intention to withdraw from the College. I understand that I must satisfy any balance that I owe to the College.

Student's Signature

Date

Advisor's Signature

Date

President's Signature

Date

Registrar's Signature

Date

[illegible]