

STUDENT EXIT FORM

Student Name:			Banner ID#:			
Program:			Email:			
Campus	:					
Last Term of Attendance:				Last Date of Attendance:		
Completion/Exit Date:				Total Program Hours Earned to Date:		
Was student dually enrolled in High School?				Did the student receive any type of financial aid? □ Yes □ No List:		
Check if	student also exited from the	e following:	GED	□ Other		
EXIT LEVEL						
REASON FOR EXIT						
	cumented evidence of the fo Employment – Related Continuing Education Academic Suspension Approved Medical Attendance Suspension Death Disciplinary – Expulsion Disciplinary Suspension Incarceration		Employmen Joined Milita Dropped/Un Excessive A Financial Pr Lack of Chil Non-credit C Personal Re	t – Unrelated ary known bsences oblems d Care Certificate		Program Change Self Employed LCTCS College Transfer Program Closure Return to High School Temporary Leave Transportation Problems Unsatisfactory Progress

Submitted by: ____

Data entered in Banner by: _____