

Complete Withdrawal Survey

Student Name: _____

Program of Study: _____

Online Session

Classroom Session

Term:

Spring

Summer

Fall

Year: _____

Informed Consent

Thank you for completing this optional questionnaire. Your response will help us better understand the issues that are most important to you as a TISOH student, the obstacles that some TISOH students face throughout their educational careers, and how TISOH can better serve its students. By signing below I affirm that I understand my participation in this survey is voluntary, and I am willingly supplying the answers to the questions below. Further, I understand that my answers to the questions below: will be kept confidential within the TISOH community, may be used to further assist me in completing my academic goals, and will in no way affect my academic standing at TISOH.

Read the statements below and rate how strong each factor was in your decision to withdraw from TISOH.

Please rate each statement. (Check only one box per statement).	Major Factor	Minor Factor	Not a Factor
1. I don't feel motivated to do school work or to stay in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I had personal financial difficulties at this time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My job/work schedule interfered with me completing at this time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Family responsibilities interfered with me completing at this time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel TISOH is not a good fit for me academically (issues with course materials, my instructors, class size, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Extraordinary personal reasons (personal mental or physical health condition, death or serious illness of a family member or close friend) interfered with me completing at this time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I received orders to return to active military duty for a branch of the U.S. armed forces which will interfere with completing at this time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Other (Please explain): _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you plan on attending TISOH in the future?

Yes

No

Unsure

If yes, when do you plan on returning to TISOH?

For Classroom Session: Spring

Summer

Fall

In the year of _____

For Online Session:

Student Signature

Date

This form may be mailed or faxed to: