



## Ideal Institute Of Technology Withdrawal Form

**Date:**

Student ID Number:

First Name:

Last Name:

Preferred Email:

**My top reason for deciding to leave Ideal Institute Of Technology is:**

(Select one)

- ☐ My course(s) were cancelled.
- ☐ Course(s) were offered at times that did not fit with my schedule.
- ☐ My tuition and other college expenses were too great.
- ☐ I do not feel academically prepared.
- ☐ My course load was more than I could handle.
- ☐ Work is more important than school right now.
- ☐ I am uncertain of my program or area of study.
- ☐ I am not happy with the delivery method of my course(s) (online, in-person, iFlex, hybrid, blended, CBE).
- ☐ I am not happy with my instructor(s).
- ☐ I do not feel like I fit in at Ideal Institute Of Technology.
- ☐ I moved out of the area.
- ☐ Other (please explain): \_\_\_\_\_

**Other reasons for deciding to leave Ideal Institute Of Technology are:**

(Select all that apply)

- ☐ Provide more information on programs and courses prior to enrolling.
- ☐ Provide more information on Financial Aid and paying for college options.

- ☐ Offer more financial assistance (scholarships, etc.).
- ☐ Provide more academic support and tutoring options.
- ☐ Offer my program in different delivery modes (online, in-person iFlex, hybrid, blended, CBE).
- ☐ Create opportunities to allow for greater connection with my instructor(s).
- ☐ Create opportunities to allow for greater connection with my peers.
- ☐ Provide more campus involvement/extracurricular activities.
- ☐ Provide additional options for childcare.
- ☐ Nothing, my decision to leave college had nothing to do with Ideal Institute Of Technology.
- ☐ Other (please explain): \_\_\_\_\_

**Did you speak with anyone prior to your decision to leave Ideal Institute Of Technology?**

(Select all that apply)

- ☐ Family Member/Friend
- ☐ Instructor
- ☐ Program Counselor/Advisor
- ☐ No one
- ☐ Other (please explain): \_\_\_\_\_

**Are you planning to return to Ideal Institute Of Technology in the next 12 months?**

- ☐ Yes
- ☐ No

**Is there anything else you would like to share with us about your experience at Ideal Institute Of Technology?**

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**Signatures:**

- Academic Advisor Signature and Date: \_\_\_\_\_
- Billing Department Signature and Date: \_\_\_\_\_
- Registration Department Signature and Date: \_\_\_\_\_