

# FLAGLER COLLEGE



I, \_\_\_\_\_, will not be returning to Flagler

College for \_\_\_\_\_ Semester 20\_\_\_\_ - 20\_\_\_\_.  
Semester (Fall or Spring) Academic Year

ID #: \_\_\_\_\_

My contact information (Permanent Address) once I leave Flagler College will be the following address:

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL (non-Flagler College email)

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**\*Please complete the 'Not Returning Questionnaire' on the back of this form. Thank you.**

NOT RETURNING QUESTIONNAIRE

NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

1. Why are you choosing not to return to Flagler College for the upcoming semester?  
(Please rank the top three in order)

- |                                                                |                                                                                     |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Health                                | <input type="checkbox"/> Academic Difficulties/Concerns                             |
| <input type="checkbox"/> Social Life                           | <input type="checkbox"/> Financial Difficulties                                     |
| <input type="checkbox"/> Too Far From Home                     | <input type="checkbox"/> Curriculum or Limited Major                                |
| <input type="checkbox"/> Not Prepared for College              | <input type="checkbox"/> College Rules/Regulations                                  |
| <input type="checkbox"/> Personal Problems                     | <input type="checkbox"/> Preferred another college even before<br>I came to Flagler |
| <input type="checkbox"/> Other (Please explain) _____<br>_____ |                                                                                     |

2. Have you made any attempts to receive assistance for your primary reason (circle one)? Yes No

3. Have you participated in any extracurricular activities while being enrolled at Flagler?

No

Yes (please list activities)

\_\_\_\_\_  
\_\_\_\_\_

4. Do you plan to continue in college (circle one)? Yes No

5. If you are transferring, to where are you transferring?

\_\_\_\_\_

6. Do you think you may return to Flagler College (circle one)? Yes No

7. Please share any positive experience or people from Flagler College.

8. Please share any aspects of Flagler College that could be improved.

9. May the Flagler College Office of Advising and Retention or the Flagler College Office of Institutional Research, Planning, and Effectiveness contact you in the future (circle one)? Yes No

If yes, please provide the best means to contact you (phone, email, address) \_\_\_\_\_

Thank You for Completing this Questionnaire

FLAGLER COLLEGE

