

D E P A R T U R E C A R D

Please Print

Name _____
Title Last First Middle Student ID# Major Code Social Security #

Permanent Address _____
Number Street Apt. #

City State Zip Country Permanent Phone #

Billing Address _____
(If different from permanent address) Number Street Apt.#

City State Zip Country Billing Phone #

E-mail Address _____
(If different from BUBBs)

Steps to Complete...

- ✓ **Answer the following questions:**
 - If presently enrolled, do you plan to complete your current courses? Yes* No Enter last date of class attendance: _____
*If yes, please submit your Departure Card at the end of the semester.
 - Do you plan to return? Yes No If yes, when do you plan to return? Fall Spring Summer Inter (Year)_____
 - If pre-registered for a future term, do you plan to return for the pre-registered term? Yes No
(Re-admission is necessary for all returning students. If you plan to return, remember to apply for re-admission through the Admissions Office.)
 - Are you an employee of Biola University? (not applicable to student workers) Yes No
- ✓ **Provide your signature** (by signing, you agree to pay any remaining balance): _____ Date _____

- ✓ **Obtain the following signatures:**
 - ① Go to appropriate office listed below:
 - SICS Graduate Students: Return mailbox keys to SICS Receptionist
 - Talbot Students: Return mailbox keys to the Talbot Receptionist
 - Undergraduate Students: Sign out with Academic Advisor → _____
 - ② Accounting Office.....→ _____
May transcripts be released? Yes No
 Obligation remaining in school account= \$ _____
 - ③ Housing (On-campus students only).....→ _____
On-campus students must also check out with their RA/RD.
 - ④ Auxiliary Services.....→ _____
Meal Plan? Yes No ID collected? Yes No
 - ⑤ International Students→ _____
See Immigration Student Advisor in Student Affairs.
 - ⑥ Financial Aid Office.....→ _____
 - ⑦ Registrar's Office.....→ _____

Reason for Departure...

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Academic performance | <input type="checkbox"/> Doctrinal disaccord (specify below) | <input type="checkbox"/> Health | <input type="checkbox"/> Rules discord (specify) |
| <input type="checkbox"/> Break from school (specify below) | <input type="checkbox"/> Employment | <input type="checkbox"/> Marital plans | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Credential completed | <input type="checkbox"/> Finances | <input type="checkbox"/> Medical | <input type="checkbox"/> Transfer (specify below) |
| <input type="checkbox"/> Decline to state reason | <input type="checkbox"/> Graduation: Date _____ | <input type="checkbox"/> Program not offered here | <input type="checkbox"/> Other (specify below) |

REMARKS: _____

DATA ENTRY USE ONLY				
<input type="checkbox"/> Address	<input type="checkbox"/> FIXTCD	<input type="checkbox"/> Degree-Dtl	<input type="checkbox"/> School-Dtl	<input type="checkbox"/> Y flag→N
Stu Status _____	Withd Code _____	Term(s) deleted _____		
<input type="checkbox"/> Class(es)dropped from _____		term(s) _____	Initials _____	Date _____

OFFICE USE ONLY	
<input type="checkbox"/> Departments notified	Initials _____ Date _____