

NOT RETURNING QUESTIONNAIRE

I,			, will not	t be returning to Flagler
College for		Semester 20_	20	
STUDENT ID #:				_
STUDENT STATUS	G (CHECK ALL TH	IAT APPLY):		
New Freshn	nanNew	Transfer	Continuing	Part-Time
CLASS STANDINGFreshman		reJun	orSe	enior
My contact infor following addres		nent Address)	once I leave	Flagler College will be the
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

NA	AME:	STUDENT ID#:				
1.	Why are you choosing not to return to Flagler College for the (Please rank the top three in order).	e upcoming semester?				
	Academic Difficulties/ConcernsFinancial DifficultiesCurriculum or Limited MajorCollege Rules/RegulationsResidence Hall LifePersonal ProblemsOther (Please explain)	HealthSocial LifeToo Far From HomeNot Prepared for CollegePreferred another college even before I came to Flagler				
2.	Have you made any attempts to receive assistance for your p	primary reason <i>(circle one)</i> ? Yes No				
3.	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 imp	proved.				
9.	May the Flagler College Office of Student Success and Advis Planning, and Effectiveness contact you in the future <i>(circle)</i>					
	If yes, please provide the best means to contact you (\Box	phone, 🛘 email, 🗖 address)				
	Thank you for completing t	this questionnaire.				
	I have chosen not to complete this questionnaire.					