MID-AMERICA BAPTIST THEOLOGICAL SEMINARY

Withdrawal Information

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<tr>
<th>Name</th>
<th>Date</th>
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<tr>
<th>Date of Birth</th>
<th>Sex: Male</th>
<th>Female</th>
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<th>Present Address</th>
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<th>Telephone</th>
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Date entered MABTS: ___________________________ Year in School: 1 2 3 4 4+
Term currently enrolled: 1 - 2 - 3 - 4 - Summer (Circle One)
Program in which you are enrolled

1. How many semesters have you enrolled at Mid-America? ___________________________

2. Have you attended a seminary other than Mid-America? ___________________________

3. Have you withdrawn from Mid-America before? ___________________________
   When? ___________________________

4. What circumstances are causing you to withdraw from school?
   - Academic
   - Employment
   - Family Illness/Death
   - Financial
   - Health
   - Housing
   - Personal
   - Transfer
   - Other

   Please explain
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

5. Is there anything that we can do to help you to stay in school?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
6. Have you discussed your problem and plans with any of the following?

_______ Administration
_______ Friends
_______ Family
_______ Professors
_______ Business Office
_______ Staff Members

_______ Other

7. Are you receiving any financial aid?

_______ Local Church
_______ G. I. Bill
_______ Social Security
_______ None

_______ Other

8. What are your plans for the immediate future?

_____________________________

9. While at Mid-America, how would you describe your participation in Seminary activities?

_______ High
_______ Average
_______ Low

10. How do you feel about the degree of academic success you have achieved at Mid-America or another school?

_______ Very Satisfied
_______ Satisfied
_______ Not Satisfied

11. Do you plan to return to Mid-America or another school?

_____________________________

12. What is your impression of Mid-America?

_____________________________

13. How do you feel about your experience here?

_____________________________

14. What could Mid-America have done to make your stay here more productive?

_____________________________
15. **Additional comments:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature

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**YOU MUST HAVE THE FOLLOWING SIGNATURES BEFORE SUBMITTING TO THE ACADEMIC RECORDS OFFICE FOR PROCESSING:**

_________________  Director of Library Services
_________________  Dean of Men/Women

**WHEN FORM IS COMPLETED, AND THE ABOVE SIGNATURES HAVE BEEN OBTAINED, PLEASE SUBMIT TO THE ACADEMIC RECORDS OFFICE.**

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**For Interoffice Use Only**

__________  Director of Practical Missions
__________  Director of Campus Life
__________  Dean of Graduate & Undergraduate Programs
__________  Chief Financial Officer
__________  Academic Vice President
__________  President