



Exit Form

Non-completers will be charged \$20.00 to re-enroll

Adult Student or High School Student

Student Name: _____

Exit Date: _____

Student ID Number: _____ Program: _____ Site: _____

Student Phone #: _____ Sponsor: _____ Staff Initials: _____

Have you reviewed your account balance? Yes No Account Balance prior to Withdrawal \$ _____

I request withdrawal from the Tooele ATC and acknowledge my current financial status with the College:

Students Signature: _____ Date: _____

Did you complete your course or program?

NO Non-Completer

Are you returning to TATC?
 Yes - When: _____ No
 *NOTE: Please submit a new schedule before you return.

Which of the following best describes your current situation:

- Continuing Education at TATC
- Continuing Education elsewhere
- Continuing Education at High School
- Mission / Ministry
- Military Service - Related
- Military Service - Unrelated
- Move / Relocate
- Related Employment
- Unrelated Employment - Seeking Related
- Unrelated Employment - Not Seeking Related
- Other Explain: _____
- Personal Explain: _____

YES Program Completer

Which of the following best describes your current situation:

- Employed in a related field
- Seeking related employment
- Unrelated Employment - Seeking Related
- Unrelated Employment - Not Seeking Related
- Unavailable for employment
- Continuing Education at TATC
- Continuing Education elsewhere
- Mission / Ministry
- Military Service - Related
- Military Service - Unrelated
- Move / Relocate
- Other Explain: _____

If you are currently employed please provide us with the following information as required by the Council on Occupational Education:

Employer's Name: _____ Job Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Supervisor: _____ Hourly Wage: \$ _____

Approximate date you started your job: _____ (month/year)

Comments:

For Staff & Instruction Use Only	** Employment Verification
Comments:	Date of Verification: _____ By: _____
	<input type="checkbox"/> Supervisor is unavailable for comments
	<input type="checkbox"/> Skills are relevant to the job requirements
	<input type="checkbox"/> Skills are deficient, see Comments:
	<input type="checkbox"/> Mode of delivery (O/E O/E, D/E D/E) is effective.

For Staff & Instructional Use Only

Training Purpose: Certificate Seeker Campus Credential Seeker Job Re-entry Occupation Upgrade
 Secondary Personal Interest Senior Citizen Basic Skills

Exit Code: Program Completer Completer (non-cert) Title IV Eligible
 Non-Finisher Withdrawal R2T4 Worksheet Completed

Verified Outcome <input type="checkbox"/> Continued Education(Internal) <input type="checkbox"/> Continued Education(External) <input type="checkbox"/> Completed Objective <input type="checkbox"/> Related Employment ** <input type="checkbox"/> Unrelated Employment <input type="checkbox"/> Related Military <input type="checkbox"/> Unrelated Military	<input type="checkbox"/> Seeking Employment <input type="checkbox"/> Unavailable <input type="checkbox"/> Unknown Employment Status <input type="checkbox"/> Re-enrolled <input type="checkbox"/> Refused Employment <input type="checkbox"/> Refused Follow-up <input type="checkbox"/> Not Applicable <input type="checkbox"/> Needs Verification	College Initiated: <input type="checkbox"/> 10-day <input type="checkbox"/> Delinquent Tuition <input type="checkbox"/> Involuntary <input type="checkbox"/> Poor Attendance/Progress <input type="checkbox"/> Sponsor Termination
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