



STATE TECHNICAL COLLEGE OF MISSOURI No-Show/Non-Return Form

1. Complete Student Information:

Effective Semester/Year: _____

*Student ID No.: _____ Major: _____

*Name: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: (____) _____ Email: _____

2. *Select Reason for Withdrawal from the College (Please check one.)

- AS Academic Suspension
- CC Courses Completed
- DE Deceased
- DF Death in Family
- DI Disliked Program
- DS Disciplinary Suspension
- EC Economic
- ME Medical Related
- MV Moving
- EM Employer, City, State _____
Job Title _____
- MD Military Deployment-Attach Military Orders-List MOS _____
- MS Military Service-Voluntary-List MOS _____
- NG Unmet Graduation Requirements
- OT Other (be specific): _____
- PE Personal
- T2 Transfer to a 2-year institution _____
School & Major
- T4 Transfer to a 4-year institution _____
School & Major
- UC Unable to Contact

X _____
Student Signature Date

Office Use Only: (See instructions on back of form.)

Select Method by which Student Notified Us If Not In Person:

- E-mail (See Attached.)
- Fax or Mail (See Attached.)
- Telephone
- Other _____

X _____
Employee Signature/Title Date

Distribute/Report to the following Departments/Individuals:

Academic Resource Center
Activity Center
Admissions
Bookstore
Cafeteria Manager
Career Services
Cashier

Counselor
Department Chair/Advisor
Financial Aid
Instructors
IT – Student email
Library
Resident Manager

Student Activities
Testing Center
VRE Counselor