

# WITHDRAWAL FROM PROGRAM FORM

**We strongly encourage you to speak with your Program Coordinator(s) before signing this form.**

Student:

Legal First Name	Legal Middle Initial	Legal Last Name
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Program Name \_\_\_\_\_ I am withdrawing from all courses for \_\_\_\_\_ term.

I understand that my registration fees are non-refundable and that any refunds of tuition or other fees will follow Birthingway's standard refund policy. For purposes of financial aid, I understand that I will now be considered withdrawn from all courses and less than half time, which may mean that unearned financial aid funds must be returned to the Department of Education. My loans will either go into their grace period or directly into repayment. I understand that my Birthingway.edu email account and all associated documents will be deleted 30 days after submission of this form.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Please explain the reasons for your withdrawal. Select all that apply. We use this for research purposes only so that we can make our programs better.**

- **Profession-related Reasons**

- Pursuing apprenticeship-only pathway to midwifery (PEP)
- Pursuing a different pathway to IBCLC credentialing
- Decided to pursue other related career pathway (Labor Doula, Midwife, Lactation Consultant)
- Decided to pursue non-related career pathway
- Other: \_\_\_\_\_

- **Financial-related Reasons**

- Program too expensive
- Ineligible for financial aid
- Not enough financial aid
- Non-school related financial concerns
- Other: \_\_\_\_\_

- **Academic Reasons**

- Program too long
- Program too difficult
- Program too easy
- Program requirement changes
- Acquiring and/or maintaining clinical experience proved too challenging
- Insufficient academic support
- Trouble getting into courses needed
- Other: \_\_\_\_\_

- **Policy Related**

- Policies unclear
- Policies created undue hardship
- Policies created undue obstacles to graduating
- Other: \_\_\_\_\_

- **Personal Reasons**

- Family-related
- Health-related
- Moving out of town/state
- No connection/did not connect to Birthingway community
- Other: \_\_\_\_\_

- **Other** \_\_\_\_\_

**Please elaborate on any of the boxes you've checked:**

**Why did you stay at Birthingway as long as you did?**

**Please explain how your expectations differed from the reality of your experience:**

**Thank you for your feedback!**

<b>OFFICE USE ONLY</b>																							
Date/time/initial																							
___	REG	___	MPC	___	SPC	___	LPC	___	FIN	___	FAO	___	TECH	___	LIB	___	OPS	___	FAC	___	PRES	___	File