



# WITHDRAW FROM SEMINARY

**Return form to:** Registrar's Office  
Assemblies of God Theological Seminary  
1435 N Glenstone Ave, Springfield, MO 65802  
[records@agts.edu](mailto:records@agts.edu)

Date \_\_\_\_\_

Full name (please print) \_\_\_\_\_

Permanent address \_\_\_\_\_  
*Street/Box City State Zip*

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

Reason for withdrawal \_\_\_\_\_  
\_\_\_\_\_

Do you plan to return to AGTS?  Yes  No If yes, when? \_\_\_\_\_

Student signature \_\_\_\_\_

*You must obtain the following signatures in order to clear your student account/record. This is important for your present and future academic standing. Withdrawal is not official until this form is finalized in the Registrar's Office. (No financial adjustments, if applicable, can be made prior to the return of the completed form and your student ID/access card.)*

Faculty Advisor \_\_\_\_\_ Date \_\_\_\_\_

Director of Spiritual Formation \_\_\_\_\_ Date \_\_\_\_\_

Enrollment Management \_\_\_\_\_ Date \_\_\_\_\_

Veterans Affairs (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Registrar \_\_\_\_\_ Date \_\_\_\_\_

Academic Dean \_\_\_\_\_ Date \_\_\_\_\_

Financial Aid \_\_\_\_\_ Date \_\_\_\_\_

Business Office \_\_\_\_\_ Date \_\_\_\_\_

(Account balance \$ \_\_\_\_\_)

Library \_\_\_\_\_ Date \_\_\_\_\_

(Library fees/fines owed \$ \_\_\_\_\_)

*Please complete Exit Interview on page 2*

# EXIT INTERVIEW

Interview:  In person  By phone

Degree plan \_\_\_\_\_ Date of withdrawal \_\_\_\_\_

Reason for withdrawal:

Academic

Health

Finances

Transfer; name of school \_\_\_\_\_

Other \_\_\_\_\_

Can any available assistance from AGTS retain student?  Yes  No

Has student considered AGTS Continuing Education program?  Yes  No

Student's overall evaluation of AGTS: \_\_\_\_\_

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Office use only:

Exit interview \_\_\_\_\_ ID/Access card returned \_\_\_\_\_ Processed by \_\_\_\_\_ Date \_\_\_\_\_