

Pierce County Skills Center  
**Withdrawal Survey**

**The information you provide on this form will be kept confidential and will not be shared with the instructor.**

**Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Gender M \_\_\_ F \_\_\_

**Please select the Skills Center program for which you are withdrawing.**

- Cosmetology
- Criminal Justice
- Digipen Game Design
- Digipen Robotics/Mechatronics
- Environmental Explorations
- Fire Science & Emergency Services
- Maritime Trades
- Medical Careers
- PC Networking & Hardware Repair
- Pre-Physical Therapy & Sports Medicine
- Pre-Veterinary Technician
- Welding

**Please select the reason(s) you wish to drop your Skills Center program.**

- Recovered enough credits
- Program not of interest
- Job
- Transportation
- Needed additional required academic classes
- Extended illness/health
- Day too long
- Other \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that if I withdraw from the Skills Center after 10 days I will receive an "F" for my semester grade. Please withdraw me from the program listed above at Pierce County Skills Center.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

