

WINGATE UNIVERSITY
Non-Returning Form

Student Name _____

Classification _____ Semester _____ Resident _____ Commuter _____

Social Security Number _____ ID Number _____

Home Address _____

Home Phone (_____) _____

I completely understand that I am responsible for any charges incurred during my enrollment at Wingate University and do hereby agree to pay those charges. Furthermore, any and all refunds due to me will be made only after all charges have been determined and reimbursements have been made to all financial aid agencies.

Please state briefly your reasons for not returning to Wingate University.

Student signature: _____ Date: _____