



Withdrawal Form

Participant Name: _____

Please indicate reason for no longer continuing program.

- | | |
|---|--|
| <input type="radio"/> Workshop difficulty | <input type="radio"/> Marriage |
| <input type="radio"/> Behavior difficulty | <input type="radio"/> Lack of interest or motivation |
| <input type="radio"/> Dislike of experience | <input type="radio"/> Economic Reasons |
| <input type="radio"/> Needed at home | <input type="radio"/> Employment |
| <input type="radio"/> Transportation difficulties | <input type="radio"/> Physical illness or disability |
| <input type="radio"/> Poor student/staff relationship | <input type="radio"/> Poor relationship with fellow students |
| <input type="radio"/> Other: _____ | |

Additional Comments:

- Encourage participants to continue healthy living techniques

Completed by: _____

Date: _____