



## Withdrawal Form

Complete all required fields for faster processing.

<b>Student Name</b>	
<b>Student ID</b>	
<b>Program</b>	
<b>Campus</b>	
<b>Date of Withdrawal</b>	

**International Students: Be sure to consult with your DSO prior to withdrawing from the program or from any classes.**

Term of Withdrawal (Winter, Spring, Summer, Fall): \_\_\_\_\_ Year: \_\_\_\_\_

Last Date of Attendance in the Classroom \_\_\_\_\_

**Current Enrollment:**

1. Course Information	Course Number: _____ Course Name: _____ Date: _____ Credits: _____
2. Course Information	Course Number: _____ Course Name: _____ Date: _____ Credits: _____
3. Course Information	Course Number: _____ Course Name: _____ Date: _____ Credits: _____
4. Course Information	Course Number: _____ Course Name: _____ Date: _____ Credits: _____



**SOUTHERN STATES**  
UNIVERSITY

**Please select one reason that is most applicable to your withdrawal reason:**

- \_\_\_\_\_ Disability
- \_\_\_\_\_ Military Service
- \_\_\_\_\_ Moved Out of Area
- \_\_\_\_\_ Financial
- \_\_\_\_\_ Wellness/Safety/Health/Medical
- \_\_\_\_\_ Other (Family, Housing, Personal, etc.)

Please explain: \_\_\_\_\_

\_\_\_\_\_ Transfer to another school

Please explain: \_\_\_\_\_

\_\_\_\_\_ Do you plan to return to SSU in the future?     Yes     No     Uncertain

If yes, in which term do you expect to return? \_\_\_\_\_

\_\_\_\_\_ Do you believe SSU could have done more to meet your needs?     Yes     No

If yes, how \_\_\_\_\_

**Comment:**

\_\_\_\_\_  
\_\_\_\_\_

I understand that the submission of this form withdraws me from all current and future registered courses and that the grades assigned to my courses will follow the dates outlined in the Academic Calendar. I understand that I am responsible for any financial balance due to the University in accordance with the University Cancellation and Refund Policies.

I affirm that I have spoken with the appropriate offices, including, but not limited to: International Student DSO, Office of Student Finances, Advising, and others, and understand the ramifications of my withdrawal.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For office use only:**

Academic Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

Designated School Official: \_\_\_\_\_

Date: \_\_\_\_\_

Bursar: \_\_\_\_\_

Date: \_\_\_\_\_

Registrar: \_\_\_\_\_

Date: \_\_\_\_\_