



# Student Withdrawal Form

This notice is important; keep a copy for you personal records

Student Name	
Student ID	
Program	
Campus	
Date of Withdrawal	

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

Current Enrollment:

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

I, the undersigned, acknowledge that all the information above is accurate to the best of my knowledge. I also confirm that I have been informed that by withdrawing from a class after that start date, I will receive a "W" or an "F" on my transcripts for all courses that I am currently enrolled in. I understand that I am responsible to pay any remaining tuition owed.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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



Reason For Student Withdrawal

- I am dropping a course
I am requesting a leave of absence. Dates \_\_\_\_\_ to \_\_\_\_\_
I am dropping out of the program

The Reason for my drop or leave is:

- Disability (DIS)
Pregnancy (P)
Illness (I)
Military Service (MS)
Employment in Field (E)
Moved Out of Area (MOA)
Financial (FIN)
Other (O)
Transfer to \_\_\_\_\_
(Please indicate whether or not you are transferring to another SSU/IAE program.)

Comments

Four horizontal lines for writing comments.

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

For office use only:

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

DSO acknowledgment: \_\_\_\_\_ Date: \_\_\_\_\_

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