



Southern States University

6950 Friars Rd., Ste. 200
San Diego, CA 92108
(619) 298-1829

1601 Dove St. Ste. #105
Newport Beach, CA 92660
(949) 883-8868

3252 Holiday Court
La Jolla, CA 92037
(858) 453-8185

www.ssu.edu

info@ssu.edu

Student Withdrawal Form

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

Student Name	
Program	
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 and if this is a Withdrawal from the University the \$100 Withdrawal Fee.

Printed Name: _____

Signature: _____

Date: _____



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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

Student Signature: _____

Date: _____

For office use only:

Registrar: _____

Date: _____

DSO acknowledgment: _____

Date: _____

Bursar: _____

Date: _____