GLENVILLE STATE UNIVERSITY

Official Full Withdrawal Request (RO-06/26)

(Used to fully withdraw from all classes during a current semester)

_____ _____

Date student requested withdrawal Last date of attendance

Name: _____ GSU ID# _____ Semester: _____

Last First Middle

Permanent Address: _____

Street City State Zip

Home Phone: _____ Cell Phone: _____ E-mail: _____

By signing this form, I acknowledge and understand that if I participated in multi-semester registration and am currently registered for classes in future semesters, I will be dropped from those classes.

Student Signature: _____ Date: _____

❒ Undergraduate Level Student ❒ Graduate Level Student

Check your Residency status:

❒ Residential Student (Do you live in Goodwin, Pioneer Village, or Pickens)

❒ Commuter/Fully Online Student

Reasons for withdrawal: (check all that apply)

❒ Job ❒ Financial ❒ Personal ❒ College not for me

❒ Medical ❒ Unhappy/Homesick ❒ Attendance ❒ Changed mind

❒ Transferring to: _____

❒ Other: _____

Class	LDOA

Returning next semester? ❒ Yes ❒ No ❒ Undecided

Student athlete? ❒ Yes ❒ No International Student? ❒ Yes ❒ No

Hidden Promise Scholar? ❒ Yes ❒ No Participant in SSS program? ❒ Yes ❒ No

STUDENT MUST OBTAIN THE FOLLOWING THREE SIGNATURES BELOW:

1) _____ 2) _____ 3) _____

Pioneer Support Center Financial Aid Office Cashier's Office

SIGNATURE - IF APPLICABLE

1) _____ _____ _____

Prison Education Program Director of Dual Enrollment/ Dual Credit Graduate Program Representative

Remarks by University personnel: _____

_____

Date Processed: _____ Registrar's Office Signature: _____