

## WITHDRAWAL FORM (RO-10/19)

Data	of Withd	rowal

Last Date of Attendance

Name:			GSC ID#	Term:	
Last	First	Middle			
Permanent Address:					
St	reet		City	State	Zip
Home Phone:	Cell Phone	::	E-mail:		
Student Signature			Date		
Reasons for withdrawal (	check all that apply)				
			Class		LDOA
☐ Job Opportunity ☐	Financial				
Personal	Transferring				
		School			
Medical	Other:				
Paturning navt samastar?	Yes No D	Undecided			
Returning next semester:		Ondecided			
Student athlete? (If yes, h	nead coach initials)				
Hidden Promise Scholar?	(If yes, coordinator initia	uls)			
	•				
Participant in SSS progra	m? (If yes, coordinator in	itials)		·	
		Required Signa	atures		
1)		_ 2)			_
ASC or Off	Campus Programs		Financial Aid		
3)		4)			_
Residence	Life		Dining Services		
5)		6)			_
Mailroo	om		Cashier		_
7)					
Registrar's Office	e (Must be last Signature)	_			