



GLENVILLE
STATE UNIVERSITY

WITHDRAWAL FORM (RO-03/22)

To be completed when withdrawing from ALL classes

Date Student Requested

Last Date of Attendance

Name: _____ GSU ID# _____ Term: _____
Last First Middle

Permanent Address: _____
Street City State Zip

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

Student Signature

Date

Reasons for withdrawal (check all that apply)

- ☐ Job Opportunity ☐ Financial
- ☐ Personal ☐ Transferring _____
School
- ☐ Medical ☐ Other: _____

Returning next semester? ☐ Yes ☐ No ☐ Undecided

Student athlete? (If yes, head coach initials) _____

Hidden Promise Scholar? (If yes, coordinator initials) _____

Participant in SSS program? (If yes, coordinator initials) _____

Class	LDOA

Required Signatures

1) _____
ASC or Off Campus Programs

2) _____
Financial Aid

3) _____
Residence Life

4) _____
Dining Services

5) _____
Mailroom

6) _____
Cashier

Remarks by University personnel: _____

Processed: _____
Date

Registrar's Office Signature