



GLENVILLE
STATE UNIVERSITY

WITHDRAWAL FORM (RO-03/23)

To be completed when withdrawing from ALL classes.

Date Withdrawal 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 ☐ Financial ☐ Personal ☐ College not for me
☐ Medical ☐ Unhappy/Homesick ☐ Attendance ☐ Changed mind
☐ Transferring to: _____
☐ Other: _____

Class	LDOA

Residential Student? ☐ Yes ☐ No

Commuter or Fully Online Student? ☐ Yes ☐ No

Returning next semester? ☐ Yes ☐ No ☐ Undecided

Student athlete? ☐ Yes ☐ No

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

Do you feel that you were adequately informed or prepared for what to expect from your college experience? ☐ Yes ☐ No

If not, how can GSU better inform our students on how to prepare for collegiate coursework? _____

STUDENT MUST OBTAIN THE FOLLOWING THREE SIGNATURES BELOW

1) _____ 2) _____ 3) _____
Academic Success Center Financial Aid Office Cashier's Office

ONLY APPLICABLE FOR FCI, HCC OR HS STUDENTS

1) _____ 2) _____
FCI Education Supervisor Signature Off Campus Program Signature

Remarks by University personnel: _____

Date Processed: _____ Registrar's Office Signature: _____