



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 International Student? 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: _____