



To be completed when withdrawing from ALL classes.

Last Date of Attendance

Student Signature: _____ Date: _____

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: _____

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

ONLY APPLICABLE FOR FCI, HCC OR HS STUDENTS

1) _____
Prison Education Program

2) _____
Director of Dual Enrollment/ Dual Credit

Remarks by University personnel:

Date Processed: Registrar's Office Signature: