



**GLENVILLE**  
**STATE UNIVERSITY**

## WITHDRAWAL FORM (RO-06/25)

(If withdrawing from ALL classes in a current semester)

\_\_\_\_\_  
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: \_\_\_\_\_

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? \_\_\_\_\_

Class	LDOA

### STUDENT MUST OBTAIN THE FOLLOWING THREE SIGNATURES BELOW:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
Pioneer Support Center Financial Aid Office Cashier's Office

### SIGNATURE - IF APPLICABLE

1) \_\_\_\_\_  
Prison Education Program Director of Dual Enrollment/ Dual Credit Graduate Program Representative

Remarks by University personnel: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Registrar's Office Signature: \_\_\_\_\_