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: _____

Class	LDOA

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) _____
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: _____