

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	Zîp	
Home Phone:	Cell Phone:	E-mail:			
Student Signature:			Date:		
Check your Residency status:	;				
Residential Student (Do		eer Village, or Pickens)	Class	LDOA	
☐ Commuter/Fully Online S	Student				
Reasons for withdrawal: (che	ck all that apply)				
☐ Job ☐ Financial ☐	Personal	not for me			
☐ Medical ☐ Unhappy/	Homesick Attendance	: Changed mind			
Transferring to:					
Other:					
Returning next semester?					
Student athlete? Yes					
	_	ipant in SSS program? Yes	□ No		
		ared for what to expect from your		es 🗖 No	
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If not, how can GSU better in	form our students on how	to prepare for collegiate coursew	ork?		
CTUDENT MUCT OUT AIN	THE FOLLOWING TO	IDEE CIONATUDES DELOW			
STUDENT MUST OBTAIN	THE FOLLOWING TE	HREE SIGNATURES BELOW	/:		
1)	2)	F1 11 11 0 00	3)		
Pioneer Support Cer	iter	Financial Aid Office	Cashier's Offic	e	
SIGNATURE - IF APPLIC	ABLE				
1)					
Prison Education F	Prison Education Program Director of Dual Enrollment		/ Dual Credit Graduate Program Representative		
Remarks by University perso	nnel:				
Date Processed:	Registrar's Off	ice Signature:			