

**SOUTHERN CONNECTICUT STATE UNIVERSITY
GRADUATE STUDENT WITHDRAWAL FORM**

Date: _____

Name: _____ Banner I.D.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Graduate Degree Program: _____

Have you ever been awarded financial aid? Yes No

Indicate Status Full-time (9 cr. or more) Part-time (less than 9 cr.)

Please check one:

- I wish to be withdrawn from all courses and my program of study immediately.
- I wish to be withdrawn from my graduate program of study after current semester grades are posted.

Reason for Withdrawal

- | | |
|---|--|
| <input type="checkbox"/> Academic Difficulty | <input type="checkbox"/> Housing Problems |
| <input type="checkbox"/> Attending Another University | <input type="checkbox"/> Marriage Plans |
| <input type="checkbox"/> Change in Career Plans | <input type="checkbox"/> Military Service |
| <input type="checkbox"/> Dissatisfied with College | <input type="checkbox"/> Moving |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Family Problems | <input type="checkbox"/> Temporary Travel |
| <input type="checkbox"/> Financial Problems | <input type="checkbox"/> Transfer to Another Program |
| <input type="checkbox"/> Goals Undefined | <input type="checkbox"/> Other |
| <input type="checkbox"/> Health Problems | |

I understand that by signing this form, I am withdrawing from the Graduate School and my status will be changed to non-matriculated. If I decide to resume my studies, I must reapply for admission to the School of Graduate Studies. I understand this does not absolve me from any outstanding financial obligations to the University.

Student Signature

Date

PLEASE RETURN TO THE REGISTRAR'S OFFICE

501 Crescent Street, New Haven, CT 06515
Fax: (203)392-7144