

# Withdrawal Form

Matriculated Undergraduate Students Only

**Please complete all of the information requested below (Please Print Clearly).**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Class Year:  Freshman  Sophomore  Junior  Senior

▪ You are currently enrolled as a:  Full-time student  Part-time student

▪ Do you have campus housing?  Yes  No

**Which semester are you withdrawing from?** \_\_\_\_\_

**Reason for Withdrawal** (mark all that apply)

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Academic                              | <input type="checkbox"/> Health       |
| <input type="checkbox"/> Family                                | <input type="checkbox"/> Personal     |
| <input type="checkbox"/> Financial                             | <input type="checkbox"/> Unhappy      |
| <input type="checkbox"/> Transfer, _____<br>college/university | <input type="checkbox"/> Other. _____ |

**Do you plan on returning to Southern?**

Yes, which semester? \_\_\_\_\_  No  Not Sure

I am withdrawing from classes for the semester specified and my status will be changed to non-matriculated. If I decide to resume my studies, I must apply for readmission through the Registrar's Office or if I take classes elsewhere, through the Admissions Office.

I understand that although I am withdrawing from the university I may still have a financial obligation to the university and that I am responsible for payment of any outstanding balances.

Please Note: If you are a Title IV financial aid recipient, the amount of Title IV program assistance that you have earned up to your date of withdrawal is determined by a specific formula and may result in all or a portion of your award being returned to the federal government. Please visit the Office of Financial Aid & Scholarships to discuss the amount of financial aid that may have to be returned.

**By signing this form I acknowledge that I have read and understand the preceding statements.**

\_\_\_\_\_  
Student's Signature      Date

\_\_\_\_\_  
Processed By              Date

Please mail to Registrar's Office, SCSU ~ 501 Crescent Street, New Haven, CT 06515 or fax to (203) 392-7144