

WITHDRAWAL REQUEST

Name _____

GCID _____

Mailing Address _____

Phone Number _____

Email Address _____

Withdrawing For

Year

Maymester _____

Full Summer _____

Summer I _____

Summer II _____

Fall _____

Spring _____

Reason For Withdrawing:

- Work Related
- Health
- Financial Pressures
- Change of Major Interest
- Class Schedule
- Course Content
- Conflict/Difference with Instructor or Adviser
- Personal
- Other _____

Do you receive V.A. benefits? _____

Major _____

Date of Last Attendance _____

Do you plan to return to GCSU? _____

If yes, what semester? _____

Residence Hall _____ Room _____

Signatures Needed:

1. Financial Aid Office

Has no aid

Has aid. Process request for refund form through Financial Aid Office.

Students who are receiving Federal Financial Aid Funds, may be required to repay a portion of these funds upon withdrawing from GCSU.
Student's initials _____

Signature _____ Date _____

2. Business Office

Signature _____ Date _____

3. Residence Hall (Director/Manager)

Signature _____ Date _____

4. Food Service

Signature _____ Date _____

If it is after the last day to withdraw without academic penalty, student must appeal to the dean of his/her major to receive a grade other than WF. Incomplete grades can be given only in cases of nonacademic extenuating circumstances (Ref. Catalog).

Student was advised that they would receive a WF in all classes for the term indicated unless signed by the Dean to have another grade assigned.
Student's Initials _____

Circle grade to assigned: **W** **WF** **I**

Dean Signature _____ Date _____

Student _____
Signature _____ Date _____



Please complete form, obtain appropriate signatures, and return to the GCSU Office of the Registrar
Campus Box 69
Milledgeville, GA 31061