

UNIVERSITY WITHDRAWAL FORM

Withdrawal Term: _____



OFFICE OF THE REGISTRAR
POST OFFICE BOX 8104 ↔ 300 COLLEGE STREET, NORTHEAST
ORANGEBURG, SC 29117-0001 ↔ (803) 536-7185 ↔
FAX: (803) 536-8602

INSTRUCTIONS: This form is to be used by the student to withdraw completely from South Carolina State University. To initiate a withdrawal from the university, fill out this form completely and obtain appropriate signatures. Once all required signatures are on the form, return it to the Registrar's Office.

Please Print Clearly:

| | | | |
|----------------|--|---|------|
| Campus Wide ID | Name (Last, First, M.I.) | Semester <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER | Year |
| E-mail Address | Mailing Address (Street, City, State, Zip) | Telephone Number | |

Why are you withdrawing from South Carolina State University? Please mark all boxes that apply:

- Financial
 Family Responsibilities
 Employment
 Medical
 Military Service
 Moving
 Other, Specify below
 Personal
 Transferring to Another School, list institution below

I understand that I will need to be readmitted through the Admissions Office when I choose to return to South Carolina State University. I certify that I have no unpaid Accounts and understand that any unpaid loans must be repaid to South Carolina State University.

_____ Student Signature _____ Date

Report to the Counseling and Self-Development Center for an exit interview:

Title Signature Date Interview Conducted

Brooks Heath Center - Medical Withdrawals Only

Title Signature Date Interview Conducted

It is necessary that you clear your status with the offices listed below. Obtain clearance from each office noted. Attach appropriate documentation as necessary.

| | | |
|---------------------------------------|-----------|-------|
| Library | _____ | _____ |
| | Signature | Date |
| Financial Aid Office | _____ | _____ |
| | Signature | Date |
| Residence Hall Head Resident | _____ | _____ |
| | Signature | Date |
| Treasurer's Office | _____ | _____ |
| | Signature | Date |
| Effective Date of Withdrawal _____ | _____ | _____ |
| | Registrar | Date |

RETURN THE COMPLETED FORM TO THE OFFICE OF THE REGISTRAR