

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 Institutions below:

It is necessary that you clear your status with the office listed below.

Student Success
And Retention

Signature

Date

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's Signature

Date

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

Title

Signature

Date Interview Conducted

Brooks Health 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

Residence Hall
Head Resident

Signature

Date

Financial Aide Office

Signature

Date

Treasurer's Office

Signature

Date

Effective Date of
Withdrawal _____

Registrar

Date

RETURN THE COMPLETED FORM TO THE OFFICE THE REGISTRAR