



**WITHDRAWAL FORM** (RO-10/24)

To be completed when withdrawing from ALL classes.

\_\_\_\_\_  
Date Withdrawal Requested

\_\_\_\_\_  
Last Date of Attendance

Name: \_\_\_\_\_ GSU ID# \_\_\_\_\_ Term: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check your Residency status:

Residential Student (Do you live in Goodwin, Pioneer Village, or Pickens)

Commuter/Fully Online Student

Reasons for withdrawal: (check all that apply)

Job  Financial  Personal  College not for me

Medical  Unhappy/Homesick  Attendance  Changed mind

Transferring to: \_\_\_\_\_

Other: \_\_\_\_\_

Returning next semester?  Yes  No  Undecided

Student athlete?  Yes  No International Student?  Yes  No

Hidden Promise Scholar?  Yes  No Participant in SSS program?  Yes  No

Do you feel that you were adequately informed or prepared for what to expect from your college experience?  Yes  No

If not, how can GSU better inform our students on how to prepare for collegiate coursework? \_\_\_\_\_

Class	LDOA

**STUDENT MUST OBTAIN THE FOLLOWING THREE SIGNATURES BELOW**

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
Academic Success Center Financial Aid Office Cashier's Office

**ONLY APPLICABLE FOR FCI, HCC OR HS STUDENTS**

1) \_\_\_\_\_ 2) \_\_\_\_\_  
Prison Education Program Director of Dual Enrollment/ Dual Credit

Remarks by University personnel: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Registrar's Office Signature: \_\_\_\_\_