

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			Year
		FALL	SPRING	SUMMER	
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