



Withdrawal Form

Before withdrawing from the program, please consult with your Designated School Official (DSO). Also, contact the University Bursar to settle any outstanding balances. Ensure that all required fields are completed to expedite the processing of your request. Note: A \$30 withdrawal fee applies.

| | |
|---------------------------|--|
| Student Name | |
| Student ID | |
| Program | |
| Campus | |
| Date of Withdrawal | |

Term of Withdrawal (Winter, Spring, Summer, Fall): _____ Year: _____

Last Date of Attendance in the Classroom _____

Current Enrollment:

| | |
|--------------------------|---|
| 1. Course Information | Course Number: _____ Course Name: _____ Date: _____ Credits: _____ |
| 2. Course Information | Course Number: _____ Course Name: _____ Date: _____ Credits: _____ |
| 3. Course Information | Course Number: _____ Course Name: _____ Date: _____ Credits: _____ |
| 4. Course Information | Course Number: _____ Course Name: _____ Date: _____ Credits: _____ |



SOUTHERN STATES
UNIVERSITY

Please select one reason that is most applicable to your withdrawal reason:

- _____ Disability
- _____ Military Service
- _____ Moved Out of Area
- _____ Financial
- _____ Wellness/Safety/Health/Medical
- _____ Other (Family, Housing, Personal, etc.)

Please explain: _____

_____ Transfer to another school

Please explain: _____

_____ Do you plan to return to SSU in the future? ☐ Yes ☐ No ☐ Uncertain

If yes, in which term do you expect to return? _____

_____ Do you believe SSU could have done more to meet your needs? ☐ Yes ☐ No

If yes, how _____

Comment:

I understand that the submission of this form withdraws me from all current and future registered courses and that the grades assigned to my courses will follow the dates outlined in the Academic Calendar. I understand that I am responsible for any financial balance due to the University in accordance with the University Cancellation and Refund Policies.

I affirm that I have spoken with the appropriate offices, including, but not limited to: International Student DSO, Office of Student Finances, Advising, and others, and understand the ramifications of my withdrawal.

Student Signature: _____

Date: _____

For office use only:

Academic Advisor: _____

Date: _____

Designated School Official: _____

Date: _____

Bursar: _____

Date: _____

Registrar: _____

Date: _____