



Student Withdrawal Form

PLEASE PRINT:

Date	Major	Withdrawal Semester		
Last Name	First Name	MI	Student ID #	
Address	City	State	Zip Code	
(Cell) Telephone #	University E-Mail Address			

I hereby withdraw my current enrollment at Western Connecticut State University for the semester indicated above.

- I understand that this does not relieve me of any financial obligations to the University.
- I have read and understand the University's refund policy as stated on the website at www.wcsu.edu/cashiers/refund.asp.
- Students living on campus are required to contact the Housing Office at 203.837.8531 to withdraw from housing.
- A withdrawal could affect your eligibility to receive or maintain financial aid. For more information, contact the Student Financial Services Office at 203.837.8580.
- I understand that should I wish to return I must reapply through the Admissions office.

Reason for withdrawal: Personal Health Transfer Financial Other

Check one: I wish to receive final grades for this semester.
 I wish to receive W's as final grades for this semester (only if exam week is not already in session).

Withdrawals are effective the date this form is signed by the Academic Dean.

Comments:

Student's Signature	Date	
School of Professional Studies		
Academic Dean's Signature (Required)	School	Date

After filling out this form, please take it to the appropriate Dean.