



## 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](http://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:

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Student's Signature	Date	
Academic Dean's Signature (Required)	School	Date

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