



University Withdrawal Form

PLEASE PRINT CLEARLY.

TODAY'S DATE: _____

I WISH TO WITHDRAW FOR THE: FALL /SPRING (CIRCLE ONE) SEMESTER FOR: _____ (YEAR)

Last Name	First Name	MI	Student ID #	
Address		City	State	Zip Code
Telephone #	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 Financial Aid 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 am not enrolled in any course(s).

I wish to receive final grades for the: FALL / SPRING (CIRCLE ONE) _____
(SEMESTER) (YEAR)

I wish to receive W's as final grades for the: FALL/ SPRING (CIRCLE ONE) _____
(Only if exam week is not already in session.) (SEMESTER) (YEAR)

If enrolled Summer/Intersession Courses(s):

Check one: I wish to receive final grade(s) for course(s).

I wish to receive W's as final grades for the _____ (ONLY IF PRIOR TO EXAMS)
(YEAR)

Withdrawals are effective the date this form is signed by the Registrar's Office.

Comments:

Student's Signature

Date

Registrar's Office Processor (Required)

Date