

University Withdrawal Form

TODAY'S DATE:					
					
I WISH TO WITHDRAW FOR	THE: FALL /SPRING (CIRCLE ONE) SE	<u>MESTER</u>	FOR:	(YEAR)	
Last Name	First Name	MI	St	udent ID #	
Address	City		State	Zip Code	
Telephone #	E-Mail Ado	dress			
I hereby withdraw my cu above.	rrent enrollment at Western Conn	ecticut State	Universit	y for the semester indicate	ed
 I have read and understar Students living on campus A withdrawal could affect 203.837.8580. 	s not relieve me of any financial obligation of the University's refund policy as stated of are required to contact the Housing Office your eligibility to receive or maintain finar wish to return I must reapply through the	on the website a e at 203.837.85 ncial aid. For mo	t <u>www.wcs</u> 31 to withdr re informat	aw from housing.	fice a
Reason for withdrawal:	Personal Health Tran	nsfer 🗌 Fin	ancial 🗌	Other Coronavirus (C	ovi
	enrolled in any course(s).				
I wish to r		PRING (CIRCLE C SEMESTER)	<u>ONE)</u>		
	eceive W's as final grades for the: FAL kam week is not already in session.)	-		(YEAR)	
f enrolled Summer/Interse	ssion Courses(s):				
	eceive final grade(s) for course(s). eceive W's as final grades for the		NLY IF PRIOR	TO EXAMS)	
Witi	۱) hdrawals are effective the date this fo	YEAR) orm is signed b	y the Regis	strar's Office.	
Comments:					
Student's Signature				Date	
Registrar's Office Processor				 Date	