



Withdrawing from the University

Please read carefully!

Withdrawing from the University may be more costly than you realize. It may affect your financial as well as academic status at Winthrop.

Students who wish to withdraw from all courses at Winthrop should complete the form on the next two pages and bring it to the Office of Records and Registration, 126 Tillman. A student who withdraws during the first 60% of the instructional days of the semester receives grades of N for all courses. After this point, students may not withdraw except by extenuating circumstances (such as illness or death in family).

Students are also required to go to the Controller's Office (Tillman 19) to discuss fee adjustments, if any, and the Financial Aid Office (Tillman 119) if they are receiving any financial assistance, including scholarships. If students are living on campus, they must contact the Office of Residence Life (237 DiGiorgio Center) to discuss any housing fee adjustments.

Withdrawal from the University Survey

Please complete the information below and obtain signatures from the Office of Financial Aid (if needed) and the Controller's Office. Some of this information will be used to determine if there are improvements Winthrop University can make to our programs and services.

Date: _____ Student ID # _____ Term of Withdrawal: _____
Name: _____ Telephone #: _____
Permanent Address: _____ Major: _____
_____ Email: _____
Classification: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate

Housing Status:
___ On-Campus (**if on-campus, you must contact the Dept. of Residence Life**)
___ Off-Campus

Do you receive any financial aid?
___ Yes (**if so, you must contact the Financial Aid Office**)
___ No

Do you receive Veterans Benefits?
___ Yes
___ No

PLEASE CHECK ALL OF THE ISSUES BELOW THAT PERTAIN TO YOUR REASON(S) FOR WITHDRAWING FROM WINTHROP UNIVERSITY:

Personal: ___ I need to re-evaluate my priorities
___ I have family issues
___ I have medical issues
___ I need to move out of the area
___ My work demands are too great
___ I don't feel comfortable here. Please explain:
___ Other. Please explain:

Academics: ___ I was not doing as well as I wanted in my classes
___ I was failing my classes
___ I was not satisfied with my academic program
___ I had poor study habits
___ I did not enjoy my classes. Please explain:

Financial: ___ I did not receive enough financial aid to pay my expenses
___ I need to work instead of attend school
___ I cannot afford to stay enrolled

Please rank in order the factors in your decision to withdraw:

___ Academic ___ Financial ___ Personal

Do you plan to re-enroll here in the near future?

Yes

No---Do you plan to enroll elsewhere?

Please indicate where _____

	Yes	No	Avg. # hours/week
Were you involved in any extracurricular activities?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you work on-campus?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you work off-campus?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you use any of the help labs (math, writing, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you utilize Counseling Services?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Was there anything Winthrop could have done to prevent you from withdrawing?

When was your approximate last day of class attendance? _____

To be completed by FA Representative: Estimated aid to be returned: _____

Financial Aid Representative Signature Date

To be completed by Controller's Office Representative: Estimated Balance due: _____

Controller's Office Representative Signature Date

If you are living on campus, you must contact the Department of Residence Life (237 DiGiorgio) to discuss fee adjustments.

Student Signature Date

*****I understand that withdrawing from the University does not exempt me from being responsible for any balance due.*****

OFFICE USE ONLY:

Received By	_____	<input type="checkbox"/> Office of Financial Aid
Effective Date	_____	<input type="checkbox"/> Residence Life
ID Returned	_____	<input type="checkbox"/> Controllers Office
Processed By	_____	<input type="checkbox"/> Student Services & Instructors
Date	_____	