



Return completed form to:  
Records and Registration office  
126 Tillman Hall  
recandreg@winthrop.edu

## **Withdrawing from the University**

**Please read carefully!**

***Withdrawing from the University may be more costly than you realize.  
It may affect your financial aid 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 visit the Student Financial Services Office in Tillman 21 to discuss fee adjustments, if any, and the Financial Aid Office (Sykes House) if they are receiving any financial assistance, including scholarships. Students living on campus must contact the Office of Residence Life (237 DiGiorgio Center) to discuss any housing fee adjustments. \*\***

# Withdrawal from Winthrop University

Please complete the information below and obtain signatures from the Office of Financial Aid (if needed) and the Office of Student Financial Services.

Date: \_\_\_\_\_ Winthrop ID#: \_\_\_\_\_ Term of Withdrawal: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Major: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_

Classification: \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Graduate

Housing Status: \_\_\_ Off-Campus \_\_\_ On-Campus (IF on-campus, you **MUST** contact the Department of Residence Life)

Do you receive any financial aid? \_\_\_ No \_\_\_ Yes (If so, you **MUST** meet with a representative from the Financial Aid Office)

Do you receive Veteran's Benefits? \_\_\_ No \_\_\_ Yes

Do you plan to return to Winthrop? \_\_\_ No \_\_\_ Yes \_\_\_ Yes, but not in the near future

Do you plan to enroll in another College or University? \_\_\_ No \_\_\_ Yes (please indicate where) \_\_\_\_\_

Please check all of the issues below that pertain to your reason(s) for withdrawing from Winthrop:

\_\_\_ Family Death/Illness \_\_\_ Financial Issues \_\_\_ Military Service \_\_\_ Work Demands  
\_\_\_ Family Issues \_\_\_ Medical Issues \_\_\_ Personal Issues \_\_\_ Academic Issues

Was there anything Winthrop faculty/staff could have done to prevent you from withdrawing? \_\_\_ No \_\_\_ Yes (Please use the back of this form to explain)

When was your approximate last day of class attendance? \_\_\_\_\_

**To be completed by Financial Aid: I have discussed the impact of withdrawal on the student's financial aid awards.**

\_\_\_\_\_  
Financial Aid Representative Signature Date

**To be completed by Student Financial Services: I have discussed the impact of withdrawal on the student's account.**

\_\_\_\_\_  
Student Financial Services Representative Signature Date

*My signature affirms my request to withdraw from Winthrop University. I understand that my withdrawal may impact my financial aid. I understand that withdrawing does not exempt me from being responsible for any balance due. I understand that any balance due will impact my ability to receive a transcript or register for future classes until the balance is paid in full. I understand that failure to make arrangements to meet this obligation will result in the account being assigned to a collection agency.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are withdrawing after the last day to withdraw, documentation of extenuating circumstances must be attached. Extenuating circumstances which are considered beyond a student's control; prolonged emotional instability, physical injury or illness which has resulted in the student's inability to complete academic responsibilities; or a change in nonacademic employment beyond the student's control.

OFFICE USE ONLY: Received by: _____ Date _____ Effective Date _____ ID Returned _____
___ Student Financial Services ___ Student Services & Instructors ___ Residence Life ___ Office of Financial Aid
Process completed by: _____ Date _____