



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 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 the University Survey

Please complete the information below and obtain signatures from the Office of Financial Aid (if needed) and the Office of Student Financial Services. 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: I have discussed the impact of withdrawal on student's financial aid awards.

Financial Aid Representative Signature Date

To be completed by Student Financial Services Representative:

Student Financial Services Representative Signature Date

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

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 from 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. 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 include the following: death of an immediate family member; traumatic and unforeseen 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 _____	<input type="checkbox"/> Office of Financial Aid
Effective Date _____	<input type="checkbox"/> Residence Life
ID Returned _____	<input type="checkbox"/> Student Financial Services Office
Processed By _____	<input type="checkbox"/> Student Services & Instructors
Date _____	
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