Withdrawal Process

I, (print name)_____am aware that it is my responsibility to meet with the following offices to evaluate how a withdrawal from school will impact my educational status. I have received a copy of this process. I will contact the applicable offices.

- ☐ The department of the student's program of study to determine academic planning.
- ☐ Financial Aid, Old Main 101, (717) 477-1131: to determine student's financial responsibility if a withdrawal is completed.
- ☐ Student Accounts, Old Main 100, (717) 477-1211: to inquire about tuition reimbursement if the situation meets eligibility requirements. The Refund Schedule is listed every semester online on the "Student Accounts" webpage.
- ☐ Director of Housing, McLean Hall 113, (717) 477-1701: to receive check out processing information and inquire about housing reimbursement. Students are required to leave the residence hall within 24 hours of their withdrawal from classes.
- ☐ If you registered with Disability Services, contact the Office of Disability Services, Horton Hall 120 (717) 477-1329.
- ☐ If an athlete, Athletic Department, Heiges Field House 125 (717) 477-1711 to determine the impact on eligibility and benefits.
- ☐ If a veteran, Veteran Administration Affairs, Old Main 210 (717) 477-1613, to assess the impact on veteran's education benefits.
- ☐ If an international student, International Programs Office, CUB 211 Hall 113 (717) 477-1279.

In cases of a medical/psychological withdrawal, a health hold will be placed on a student's account until a healthcare professional recommends the student's return to school. Please contact your Academic Dean's Office for the appropriate paperwork to complete the process.

My signature below confirms I read and understand this information and will contact the appropriate offices.

Student Signature_____Date_____

Name: _____ SU ID: _____
Major: _____
Permanent address: _____
_____
E-mail address: _____@ship.edu
Telephone number - HOME:_____ CELL:_____
Semester of Withdrawal: _____
If the semester is in session what the last day you attended class? _____
Reason for Withdrawal—Please be as specific as possible:
☐ Financial ☐ Scheduling ☐ Housing ☐ Medical (additional form required) ☐ Military Obligation
☐ Other: _____
☐ Transfer to _____
Reason for transferring:
☐ Closer to Home ☐ Finances ☐ Major: _____
☐ Other: _____

Do you intend to return to Shippensburg University?
Yes____ If yes, what semester _____year_____ No _____

Leave of Absence: To be placed on leave-of-absence, you are required to have at least a 2.0 cumulative GPA and no hold (e.g., parking fines, library fines, student account, admissions, bookstore, Etter Health Center, etc.) on your record.

Would you like to be placed on leave-of-absence (maximum of one year)? Yes_____ No_____

No grades will be granted through the end of the first week of the semester; "W" grades will be granted the second week through the tenth week of the semester; and "F" grades will be granted after the tenth week.

_____ _____
Signature (Student) Date

Office use only (copy to Admissions Office)
Contact: Method Date:

Outcome:
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Please return to your Academic Dean's Office, see contact information below:

- **College of Arts and Sciences:** drstev@ship.edu
- **John L. Grove College of Business:** cobacademics@ship.edu, (717) 477-1620 (phone), (717) 477-4003 (fax)
- **College of Education and Human Services:** COEHS@ship.edu, (717) 477-1141 (phone), (717) 477-4012 (fax)
- **Office of Undeclared**: tacony@ship.edu