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 is 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.

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