Withdrawal Process

I, (print name) _________________________ understand my responsibility to contact the following offices to evaluate how a withdrawal from college will impact my educational status. I will contact the applicable offices prior to submitting this request:

- Department of the Student’s major program of study: to determine academic planning.
- Financial Aid Office, Old Main 101, (717) 477-1131: to determine student’s financial responsibility if withdrawal is complete.
- Student Accounts Office, Old Main 100, (717) 477-1211: to inquire about tuition reimbursement if the situation meets eligibility requirements. A refund schedule is listed each semester on the Student Accounts website.
- Director of Housing, McLean Hall 113, (717) 477-1701: to request housing reimbursement and to inquire about the checkout process for resident halls. Students are required to leave the residence hall within 24 hours of their withdrawal from classes.
- Veteran Administration Affairs, Old Main 101, (717) 477-1131: for veterans to determine impact on veteran’s education benefits.
- Athletic Department, Heiges Field House 125, (717) 477-1711: to determine impact on athlete’s eligibility and benefits.
- International Programs Office, CUB 211, (717) 477-1279: for international students only.
- Office of Disability Services, Horton Hall 120, (717) 477-1329: for students registered with Disability Services.

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

My signature confirms I have contacted the appropriate offices above prior to submitting this request:

Student Signature: _______________________________ Date: _______________
WITHDRAWAL FROM COLLEGE

Name: _________________________________________________ SU I.D.___________________________

Major: If your major is not indicated below, please contact your respective associate dean’s office.
☐ Criminal Justice ☐ Exercise Science ☐ Social Work ☐ Teacher Education
(PreK-4/Mid-Level/SEEC)

Permanent address: ________________________________________________________________
________________________________________________________________

E-mail address: _____________________@ship.edu

Home or cell phone number: _________________________________________________________

Semester of Withdrawal: ____________________________________________________________
If the semester is in session what is that last day you attended class? ___________________

Reason for Withdrawal: please be as specific as possible.
☐ Financial
☐ Scheduling
☐ Housing
☐ Medical
☐ Military
☐ Other: __________________________________________________________

Transfer to: ______________________________________________________
Reason for Transfer:
☐ Major: ________________________________
☐ Closer to Home
☐ Finances
☐ Other: ________________________________

Do you intend to return to Shippensburg University?
No____ Yes____ If yes, what semester __________ year__________

Leave of Absence: to be placed on leave-of-absence, you are required to have at least a 2.0 GPA.

Would you like to be placed on leave-of-absence?
No____ Yes____

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

Outcomes:

Office use only (return to Admissions Office)
Contact: ___________________ Method: ___________________ Date: __________________________

Please return the completed form to: College of Education and Human Services, Administrative Assistant, Shippen Hall Room 356,
Shippensburg University, 1871 Old Main Drive, Shippensburg, PA 17257; email to COEHS@ship.edu; or fax to (717) 477-4012.