



Shippensburg University
College of Education and Human Services

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 and no hold.

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

Office use only (return to Admissions Office)

Contact: _____ Method: _____ Date: _____

Outcome:

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.