

Undergraduate Withdrawal Process-Leave of Absence

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

- ☐ 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 112, (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, Old Main 210, (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 Accessibility Resources, contact the Office of Accessibility Resources, Mowrey Hall 252, (717) 477-1364.
- ☐ If an athlete, Athletic Department, Heiges Field House 125, (717) 477-1711 to determine the impact on eligibility and benefits.
- ☐ If a veteran, Veteran Services Office, Mowrey 207, (717) 477-1710, to assess the impact on veteran's education benefits.
- ☐ If an international student, Center for Global Education, Mowrey Hall 247, (717) 477-1279.

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

Student Signature_____Date_____



Have you communicated your intention to withdraw from the university to your department chair or academic advisor? Yes ☐ No ☐

Name: _____ SU ID: _____

Major: _____

Permanent address: _____

E-mail address: _____@ship.edu

Home telephone number: _____

Cellular telephone number: _____

Semester of Withdrawal: _____

If the semester is in session what was the last day you attended class? _____

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

Visit <https://www.ship.edu/academics/academics-resources/registrar/semester-information/> to review the course drop and withdraw with "W" grade deadlines for your course(s). A grade of "F" will be awarded when withdrawing from a course after the end of the withdraw deadline.

OPTIONAL: Reason for Withdrawal:

Financial ☐ Scheduling ☐ Housing ☐ Medical ☐ Military Obligation

Other: _____

Transfer to _____

Reason for transferring:

☐ Closer to home ☐ Finances ☐ Major: _____

☐ Other: _____

Signature (Student)

Date

Office use only (copy to Admissions Office)

Contact:

Method:

Date: Outcome:

Please return to your Academic Dean's Office. See contact information below.

- College of Arts and Sciences: cas@ship.edu, (717) 477-1151 (phone)
- John L. Grove College of Business: cobacademics@ship.edu, (717) 477-1435 (phone)
- College of Education and Human Services: COEHS@ship.edu, (717) 477-1373 (phone)
- Department of Academic Engagement & Exploratory Studies: exploratory@ship.edu, (717) 477-1395 (phone)