

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 Accessibility Services, contact the Office of Accessibility Services, Mowery 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, CUB 236, (717) 477-1133, to assess the impact on veteran's education benefits.

If an international student, International Programs Office, Mowery Hall 247, (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 _____

Have you communicated your intention to withdraw from college to your department chair or academic advisor? YES NO

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.

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:

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), (717) 477-4003 (fax)
- **College of Education and Human Services:** COEHS@ship.edu, (717) 477-1373 (phone), (717) 477-4012 (fax)
- **Department of Academic Engagement & Exploratory Studies:** exploratory@ship.edu, (717) 477-1395 (phone)