

WEST VIRGINIA STATE UNIVERSITY
WITHDRAWAL NOTICE

SOCIAL SECURITY NUMBER

DATE

(PLEASE PRINT)

LAST

FIRST

MIDDLE INITIAL

Address after withdrawal:

STREET OR P.O. BOX

CITY

STATE

ZIP

Degree Program: _____

First Semester Second Semester Summer: 1st 2nd

Reason for Withdrawal (Please check all that apply)

- Employment conflict with class schedule
- Illness, personal or within family
- Financial
- Transportation problems
- Moving
- Transferring to another college
- Lack of time to study
- Dissatisfaction with the college
- Goals have changed, don't want to go to college
- Academic problems in courses
- Other (please specify) _____

Received by: _____

DISTRIBUTION:

WHITE: REGISTRAR

YELLOW: CASHIER

PINK: DEPARTMENT CHAIRPERSON/ADVISER

GOLDENROD: STUDENT SERVICES/FINANCIAL AID