VIRGINIA STATE UNIVERSITY OFFICE OF THE REGISTRAR

COURSE WITHDRAWAL REQUEST FORM

OFFICE OF THE REGISTRAR OFFICE USE ONLY
PROCESSED BY: _____
DATE: _____

INSTRUCTIONS

1. **Review the Academic Calendar for Withdrawal dates and check deadlines.**
2. **Check for impacts on Financial Aid, International Student status, Athletics, and VA Benefits, if dropping below full-time.**
3. **Complete student section in full.**
4. **Obtain all required approvals. This form is invalid without proper signatures.**
5. **Submit to registrar@vsu.edu, or deliver to the Registrar's Office in Gandy Hall, Room 119; monitor Banner for updates.**
6. **If dropping your last course, submit a University Withdrawal form.**

TERM: SUMMER III **YEAR**:

STUDENT LAST NAME	FIRST NAME	MIDDLE INITIAL	V-NUMBER	CONTACT NUMBER

STUDENT LEVEL: ◯ **UNDERGRADUATE** ◯ **GRADUATE** ◯ **DOCTORAL**

COLLEGE	MAJOR/PROGRAM	EXPECTED GRAD TERM
OFFICE OF THE PROVOST (B.I.S.)		

Special Populations are students whose enrollment changes may have additional administrative, legal, or compliance considerations (*check all that apply*)**:

☐ Student Athlete ☐ International (F-1/J-1) ☐ Veteran/VA Benefits ☐ Financial Aid Recipients ☐ Residential Student

***Students are responsible for understanding the terms and conditions associated with their status.*

WITHDRAW COURSE(S)

CRN	SUBJECT	COURSE #	SECTION	TITLE	CREDITS

STUDENT ACKNOWLEDGEMENTS - Initial *each* item. (Missing initials will invalidate the form.)

1. **I understand that all Withdrawal forms must be completed and submitted by the published deadlines.**
2. **I understand that dropping below full-time status may affect Financial Aid, Housing, Visa status, Athletics, and VA Benefits.**
3. **I understand that withdrawal actions may incur additional charges for which I am financially responsible.**
4. **I understand that a grade of 'W' will be recorded on my official transcript and may not remove tuition or fees.**
5. **I understand this form applies only when *at least one* course remains on my schedule. If I intend to drop my last course, I must submit the University Withdrawal form.**

CERTIFICATION

Student Signature: _____ **Date:** _____

Academic Advisor: _____ **Date:** _____