



Withdrawal Form

This form is to be completed by a student planning to withdraw from one or more classes.

Student Name _____ ID Number _____

Term Summer 20 _____ Fall 20 _____ Spring 20 _____

Check all that apply:

- SGSC intercollegiate athlete Live in residence hall MOWR student
- VA benefits recipient Direct Loan recipient **(MOWR - Withdrawing from classes may postpone your high school graduation)**

I request to be withdrawn from:

_____ All of my courses this term. _____ The course(s) listed below:

Course Reference Number Ex. 80168	Course Prefix/Number Ex. ENGL 1101	Instructor Ex. Smith

Reason for withdrawal - **Choose most applicable:**

- Academic (Grades) Insufficient Financial Aid Child Care
- Death in the Family or Family Illness Late Enrollment Medical
- Financial Issues: Personal
Loss of job, Unable to obtain book, Transportation
Unable to obtain supplies, etc.
- Other _____

I understand the following:

1. It is my responsibility to initiate withdrawal from one or more classes. I am urged to contact my Academic Advisor about the advisability of withdrawing from a class.
2. After the drop/add period, there is **no refund** for partial reduction of hours.
3. Withdrawal after mid-term results in a **grade of WF**. To appeal for a Hardship Withdrawal, I must contact the Office of Disability Services (912-260-4435 or 912- 449-7593) for the proper form and procedure.
4. It is to my advantage to meet with a financial aid advisor before withdrawing. Withdrawal **may affect my eligibility for financial aid** this semester and in the future. Students receiving financial aid are responsible for repaying unearned grant and loan funds received.
5. All **financial obligations** to the College (including Library, Housing, Fines, etc.) must be met before I may register for another term. These obligations must be met before transcripts will be released.
6. Course withdrawals show up on the official academic transcript and count as part of the hours attempted.
7. Withdrawing from classes may **postpone** my graduation date.

Student's Signature _____ Date _____

To be completed by Registrar's Office: Processed by _____ Date _____