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__

Are you an SGSC intercollegiate athlete? Yes ___ No ___
Do you reside on campus in a residence hall? Yes ___ No ___
Are you receiving VA benefits this term? Yes ___ No ___
Have you received a Direct Loan while in attendance? Yes ___ No ___

I request to be withdrawn from:
All of my courses this term.
The course(s) listed below:

<table>
<thead>
<tr>
<th>Course Reference Number</th>
<th>Course Prefix/Number</th>
<th>Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. 80168</td>
<td>Ex. ENGL 1101</td>
<td>Ex. Smith</td>
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Reason for withdrawal: ____________________________________________________________

I understand the following:
1. It is my responsibility to initiate withdrawal from one or more classes. I am urged to seek information 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. Withdrawal from Learning Support classes may result in my being withdrawn from all classes.
7. Course withdrawals show up on the official academic transcript and count as part of the hours attempted.
8. Withdrawing from classes may postpone my graduation date.

Student’s Signature ___________________________ Date ___________________________

To be completed by Registrar’s Office:
Processed by ___________________________ Date ___________________________