Office of Residence Life

Foundation II, 1st Floor
937-376-6386 (Phone) Central State University 937-376-6638 (Fax)
1400 Brush Row Road
Wilberforce, OH 45384-1004

Official Housing Withdrawal Form

PLEASE PRINT

Today's Date _____ ☐ Fall ☐ Spring Year _____

First Name _____ MI _____ Last Name _____

Student ID# 000_____ Residence Hall_____ Suite/Room # _____

Residence Hall Coordinator _____

- **Reason(s) for withdrawal:**
  - ☐ Graduation ☐ Disciplinary ☐ Financial ☐ Health
  - ☐ Commuter ☐ Transferring to another University ☐ Other Reasons
- **Mail any refund to the following address**: *(Allow 2-3 weeks for processing)*

  Name _____

  Address _____

  City _____ State _____ Zip Code _____

  Student Signature _____ Date _____

University Personnel Use Only

REGISTRAR'S OFFICE

THIS VERIFIES THAT THE STUDENT LISTED ABOVE IS NOT REGISTERED FOR CLASSES FOR THE UPCOMING SEMESTER

_____ _____
Registrar's Office DATE

OFFICE OF FINANCIAL AID

THIS VERIFIES THAT THE STUDENT LISTED ABOVE IS HAS COMPLETED ALL FINANCIAL AID EXIT OBLIGATIONS

_____ _____
Office of Financial Aid DATE

RESIDENCE HALL COORDINATOR

_____ _____
RESIDENCE HALL COORDINATOR DATE

RESIDENCE LIFE CENTRAL OFFICE

_____ _____
DIRECTOR / ASSOCIATE DIRECTOR DATE