Central State University
Official Withdrawal Form

Withdrawal from the University requires an official process to ensure that students are protected from any adverse actions that may impede re-admittance to the University or the incurrence of financial penalties. The process below details the appropriate order for withdrawals:

- Meet with your academic advisor to discuss reasons for withdrawal and to determine if the University can provide assistance in maintaining your enrollment.
- If the withdrawal is to continue after discussion with the academic advisor, the student should obtain a signature from the Office of Cash Management. Bring the signature form to the Office of the Registrar who will generate the student's notification of withdrawal to the offices of Financial Aid, Cash Management, Residence Life and the Office of Default Management.
    - Within 30 days of your withdrawal, the student will receive notification of any pending financial responsibilities to the University or if the student is to receive any refunds. *Please make sure that you provide accurate mailing and contact information on your withdrawal form.*
- Upon the date of signature of withdrawal from the University, students residing in University-owned housing will have to vacate the premises within 24 hours.

Leaving the University without following the official withdrawal process will impede re-admittance processes and may incur additional cost to the student. Please review the college catalog for information regarding grades assigned as a result of the withdrawal process.

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Semester: □ Fall □ Spring □ Summer Year: _____

Student ID: _____ Last Name: _____ First Name: _____

Date of Birth: _____ Driver's License/State ID #: _____ State Issued: _____

Residence Hall (if applicable): _____ Suite/Room#: _____

Please provide a permanent address: *(Refunds, if any will be sent to the address below.)*

Street Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Reason(s) for withdrawal:

□ Judicial □ Financial □ Health
□ Transferring □ Academic

□ Other Reasons: _____

Student Signature: _____ Date_____

Office of Default Management: _____ Date_____

Office of Cash Management: _____ Date_____

Office of the Registrar: _____ Date_____

********** Internal Office Only **********

The following offices will receive notification of the subject student's withdrawal submission:

Residence Life / Financial Aid / Cash Management / Default Management

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