Student Withdrawal Form

Student Number: ________________________________

Last Name: ___________________________ First Name: ___________________________ Middle Initial: __________

Term Withdrawing: _________________________ Year: _________________________

Daytime Phone: ___________________________ E-mail Address: ___________________________

Before submitting this form, please read the following:

• If you live in University Housing, please note: Housing refunds are processed in accordance with tuition refunds. Students who withdraw must immediately notify the Department of University Housing and Residence Life. You are required to properly vacate your housing assignment within 24 hours of the withdrawal. Failure to properly vacate within the allotted 24 hours may result in a hold over charge.

• If you are receiving a Logan Walker Loan or State Nursing Scholarship, you must clear through Loan Collections, 245 Bibb Graves Hall.

• If you are receiving a Federal Direct/Stafford Loan, you must clear through Financial Aid, 107 Bibb Graves.

• If you receive Financial Aid, please note: Federal regulations governing repayment of financial aid funds due to withdrawal changed August 31, 2000. If you withdraw prior to completing 60 percent of a term, you could be required to repay a proportionate amount of the funds you received. Withdrawal could also affect the repayment status of loans you received this semester and/or prior terms. Should you have any questions regarding this, please contact the Financial Aid Office PRIOR TO COMPLETING THIS FORM!

• Deadline dates (both Academic and Financial) are listed on the Academic Calendar.

• Return this form to the Registrar’s Office for processing.

I have read and understand the above information.

Student Signature: ___________________________ Today’s Date: ___________________________

Jacksonville State University
Office of the Registrar
700 Pelham Road North
Jacksonville, AL 36265-1602
Phone: 256-782-5400
Fax: 256-782-5121

For Office Use Only: Date: ________________ Processed By: __________