



JOHNSON C. SMITH UNIVERSITY

Official University Withdrawal Form

Note: Federal regulations require that this office today inform all appropriate University departments of your intent to withdraw from JCSU. This action could affect your current and future federal financial aid award(s).

Date: _____ Date of Last Attendance: _____

PERSONAL INFORMATION (Please Print)

		Male	African-American Asian/Pacific Islander Caucasian Hispanic Other
		Female	
		Sex	Race
Last Name	First Name	Middle Initial	
Student I.D.	Date of Birth/Age		
Local Address	City, State & Zip	Local Phone #/Permanent Phone #	
Permanent Address	City, State & Zip	E-Mail Address	

ACADEMIC INFORMATION

Academic Status (check one)

Freshman Sophomore Junior Senior Special

College/School of (check one)

Professional Studies Arts and Sciences

MAJOR _____

FINANCIAL AID & WITHDRAWAL INFORMATION

Please answer the following questions:

	Yes	No
Have you ever received financial aid, a scholarship, or a loan?		
Are you receiving Veteran's Benefits?		
Are your fees paid?		
Do you plan on returning to JCSU?		

If yes, when? Fall Spring Summer Year _____

Semester requesting to be withdrawn from: Fall ____ Spring ____ Summer ____

Reason for Withdrawal: Personal Academic Employment Social Financial Other (Explain Below)

Explanation: _____

NOTE: You are liable for all fees assessed for the semester unless otherwise notified by the Business Office.

Student's Signature _____ Date _____ Financial Aid Signature _____ Date _____

Comments _____