



**Office of the Registrar**  
 100 West College Park Drive • Douglas, Georgia 31533  
 912-260-4200 • 912-260-4455 (fax)  
 email: registrar@sgsc.edu  
 Engram Hall:

## Withdrawal Form

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Term:    Summer 20\_\_\_\_       Fall 20\_\_\_\_       Spring 20\_\_\_\_

**Check all that apply:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> SGSC Intercollegiate Athlete | <input type="checkbox"/> Direct Loan Recipient       | <input type="checkbox"/> Dual-Enrolled Student* (I understand that withdrawing from classes may postpone my high-school graduation) |
| <input type="checkbox"/> Receive VA benefits          | <input type="checkbox"/> Live in the Residence Halls |   |

**I request to be withdrawn from:**

- All of my classes this term                       The course(s) listed below:

Course Reference Number Ex. 80168	Course Prefix/Number Ex. ENGL 1101	Instructor Name Ex. Dr. Smith

**Reason for Withdrawal:**

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Academic (grades)          | <input type="checkbox"/> Late Enrollment  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Death in the family        | <input type="checkbox"/> Financial Issues | _____                                 |
| <input type="checkbox"/> Insufficient financial aid | <input type="checkbox"/> Childcare        | _____                                 |
| <input type="checkbox"/> Transportation             |   | _____                                 |

I understand the following:

1. It is my responsibility to initiate withdrawal from one or more classes.
2. After the add/drop period, there is no refund for a partial reduction in hours.
3. A withdrawal will show up on my academic transcript, and count as part of my hours attempted.
4. Withdrawal after mid-term results in a grade of WF.
5. Withdrawal may affect my eligibility for financial aid this semester and in the future. I am responsible for any repayment of unearned grant and loan funds received.
6. Withdrawing from classes may postpone my graduation date.

\_\_\_\_\_  
 Student Signature Date

\_\_\_\_\_  
 \*High School Counselor Signature (If applicable) Date

\*\*\*\*\*  
**Office Use Only:** Processed by: \_\_\_\_\_ Date: \_\_\_\_\_