



University Withdrawal Form

If a student wishes to withdraw from ALL of their classes, an official withdrawal form must be completed.

Before completing this form, students should contact their academic advisor to discuss the impact of withdrawing from the institution. When withdrawing during the semester, a "W" notation will be entered for each course. The last day to submit the official withdrawal form is the last day of final exams.

Withdrawing from the University may have implications on future financial aid eligibility and student loan repayment. Students may be required to repay their financial aid, including scholarships, grants, or loans. If the student received financial aid, they must complete exit counseling (www.studentaid.gov – this website is only accessible via Google Chrome).

Students in the United States on a student visa, veterans or military personnel, and NCAA student-athletes must consult with the relevant office before withdrawing from the University.

Once the form is completed and signed by the academic department, it should be sent via email to ace@vsu.edu for processing.



University Withdrawal Form

Instructions: This form is for students who wish to withdraw from ALL of their classes. Students who withdraw during the semester will be dropped from all of their courses and a grade of "W" will be assigned for each course.

_____	_____	_____	V00	Select one:
<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>VSU Student ID#</i>	Undergraduate Student
				Graduate Student

_____	_____	_____	_____
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

_____	_____	_____	_____
<i>Email (non-VSU)</i>	<i>VSU Email</i>	<i>Cell Phone Number(s)</i>	<i>Term of Withdrawal</i>

Do you plan to return to Virginia State University? _____ Yes _____ No If yes, when? _____

Reason for Withdraw. Please select all that apply.

Academic

Other

- Transferring to another institution
- Need a break from VSU
- Desired Courses / Programs unavailable
- Dissatisfied with my academic performance
- Dissatisfied with the learning environment
- Dissatisfied with instructional quality
- Achieved my personal goals
- Other _____

- Financial Reasons
- Entered the military or received deployment
- University experience not what I expected
- Moving out of area
- School conflicts with work
- Other responsibilities became too great
- Medical Reasons (documentation advisable)
- COVID-19

It is important for all students to understand the impact of withdrawing from the University. **Please place a check mark indicating you have read and understand each statement below:**

___ I understand that depending on my official withdrawal date from the University, I may have financial repercussions. I understand that my financial aid may be adjusted based on the percentage of time I was enrolled in the semester. I understand that withdrawing from the University may affect the repayment status of my student loans. I may be required to complete Exit Counseling (www.studentaid.gov) if I have received Federal loans. I understand that my student aid package for future semesters may be reduced or canceled. It is strongly advised that you contact these offices before finalizing the withdrawal process.

Financial Aid
 804-524-5990
finaid@vsu.edu

Student Accounts
 804-524-5506
bursar@vsu.edu

___ All users of the University's Postal Services are advised to submit a change of address with your local USPS office in person or via the internet immediately. Packages will be returned to sender unless alternate arrangements are made with the University Postal Services which will be handled on a case by case basis. The University will not assume liability in the disposition of any unclaimed packages or packages received after the withdrawal date. If applicable, fees will be applied to my student account for the non-return of postal keys.

___ I understand the Trojan Card is the official ID for Virginia State University. Upon my official withdrawal from the University, it must be returned to the Trojan Card Office (located in B-10/Virginia Hall or Trojan Card Office, PO Box 9413, Virginia State University, VA 23806. If not returned, a charge of \$25.00 will be assessed to my student account.

___ I understand that if I reside on-campus, I am required to contact the Housing Office upon withdrawal from the University. I agree to follow published checkout procedures and vacate campus housing within 48 hours of the official withdrawal date. I also understand that a \$75.00 charge will be charged to my student account if my room key is not returned to my assigned hall. If I have questions, I will contact Residence Life & Housing by telephone (804-524-6840) or email (reslife@vsu.edu). ___ I do not live in University Housing.

___ I understand that before the withdrawal process is complete, all University Libraries' materials (including interlibrary loan materials from other institutions) must be returned to the library and cleared from the library account. If items are not returned, a request for payment of materials will be submitted to the Office of Student Accounts. Costs associated with failure to return materials are \$45.00 per item from VSU Library and/or \$45.00 per item plus the replacement cost of the item from the lending library.

___ I understand that if I am an International Student, withdrawing from classes may have serious implications to my visa status. If I am an international student, I will meet with personnel in the Office of International Student and Scholar Services before withdrawing from the University. ___ I am not an international student.

___ I understand that if I am a student-athlete I must meet certain criteria to maintain my NCAA eligibility. If I am a student-athlete, I will meet with administrators from the Athletic Department before withdrawing from the University. ___ I am not a student-athlete.

Withdrawing from the University can have serious implications, so I will contact my advisor/chair to discuss my academic options before completing this process.

Student Signature

Date

Name of the Department or College
Representative (chair, dean or their designee)

Signature of the Department or College
Representative (chair, dean or their designee)

Date

Please forward completed form to ace@vsu.edu.

FOR OFFICE USE ONLY:

Receipt Date: _____ Signature _____ (ACE)

Method of Withdrawal: In Person Call-In E-Mail/Mail -in

Effective Withdrawal semester: Fall Winter Spring Summer Effective Date: _____

Updated in Banner by: _____ (Registrar) Receipt Date & Signature _____