

# 5 HFRUGV DQG 5 HJL Official Withdrawal Request

Year: \_\_\_\_\_ Term: Fall Spring Summer I  
Summer II  
Summer III

Instructions: 3 OH DVH SURYLGH WKH LQIRUPDWLRQ UHTXHVWHG WR LQFOXGH UHIXWV, the Headline Date as listed in the D Q Academic Calendar the withdrawal will be voided and the grades earned will be posted to your permanent academic record.

Freshman Name \_\_\_\_\_ SUSLA Student ID# \_\_\_\_\_  
Last First  
Phone Number \_\_\_\_\_ Major \_\_\_\_\_ E-mail Address \_\_\_\_\_ @ s X V edu

Address: \_\_\_\_\_  
Street Address City ST Zip

Withdrawal Request Initiation Date:  
(QWHUHGE\ 5HJLVWUDU\ 2IILF)

I am withdrawing from Southern University at Shreveport because of:

<input type="checkbox"/> Academic Difficulties	<input type="checkbox"/> Family Responsibilities	<input type="checkbox"/> Financial Reasons
<input type="checkbox"/> Medical Problems	<input type="checkbox"/> Transferring to Another School	<input type="checkbox"/> Employment
<input type="checkbox"/> Military Service	<input type="checkbox"/> Inability to Obtain Campus Housing	<input type="checkbox"/> Transportation Problems
<input type="checkbox"/> Other (please explain) _____		

Required Signatures	
Retention Coordinator	Date
Jaguar Courtyard Staff (residents only)	Date
University Police Officer	Date
VA Certifying Officer (if receiving VA benefits)	Date
Financial Aid Office Staff	Date
Business Office Staff	Date
Academic Affairs Office Staff	Date
5 HJLVWUDU\ 2IILFH	Date
Drop Period: <input type="checkbox"/> Before Semester Start Date <input type="checkbox"/> After the Official Census Date	
Date Processed: _____	
Processed by: _____	

Do you plan to return to SUSLA?  Yes  No If yes, please state the term (\_\_\_\_\_) and year (\_\_\_\_\_).

Acknowledgements

9 I understand that if I receive any type of financial aid (grants, scholarships, and/or loans) and officially withdraw all classes after the official census date, I am required to have my financial aid prorated based on the U.S. Department of Education's (ED) formula. I understand that I will be responsible for paying any balance remaining on the account as a result of this calculation.

9 I understand that if I receive any type of funds from the Federal Title IV financial aid programs, the regulations require that I make the official withdrawal process within the 30-day withdrawal period. I understand that if I do not attend class and/or fail to officially withdraw, all charges are billed to me and my financial aid is cancelled.

9 I understand that any hours from which I withdraw after the official census date (last day of the Fall and Spring semester/7 class day for the Summer semester) will count as attempted hours for the purpose of determining satisfactory academic progress and financial aid eligibility.

9 I understand that my official withdrawal from the University will be finalized and the status of any student loans/accounts can not be determined until this process has been completed.

3050 Martin Luther King, Jr. Drive  
Shreveport, Louisiana 71107  
[www.susla.edu](http://www.susla.edu)  
Phone: (318) 6709229  
FAX: (318) 6706344  
registraroffice@susla.edu