

ar:	Term:		Fall	Spring
	1 01 1111	_	1 4411	 0011115

□ Summer I□ Summer II□ Summer III

Records and Registration

Official Withdrawal Request

	e information requested, to include required rawal will be voided and the grades earned					ted in the
Freshman Name		SUSLA Student ID#		Classification Freshman		
Last	First	_		Special	Sophomore	
Phone Number Major			E-mail Addres	lress @ sus.edu		
Address: Street Address	City	ST		Withdrawal Request In (Entered by Registrar		
I am withdrawing from Southern	n University at Shreveport because of:			Requir	red Signatures	
Academic Difficulties [Medical Problems [Family Responsibilities Transferring to Another School	Financial Reasons Employment	R	Retention Coordinator		Date
Military Service	Inability to Obtain Campus Housing	Transportation Problem	ms Ja	aguar Courtyard Staff	(residents only)	Date
Other (please explain)				Iniversity Police Officer	r	Date
Acknowledgements ✓ I understand that if I rece all classes after the offici of Education's Federal 1	EA? Yes No If yes, please state vive any type of financial aid (grants, scholars al census date, I am required to have my finance Refund Policy. If I fall under this criterion	hips, and/or loans) and officially ncial aid prorated based on the U , I will have the appropriate per	withdraw from .S. Department reentage of my	A Certifying Officer (i		Date Date
result of this calculation. I understand that if I rece that the date used to calc entered on this form by t I understand that if I do r	ive any type of funds from the Federal Title IV culate the "Return to Title IV Funds" is the c	I financial aid programs, the regulate I initiate the official withdra	lations requires awal process as	Business Office Staff	Staff	Date Date
semester/7 th class day for satisfactory academic pro ✓ I understand that my offi	or the Summer semester) will count as attempted and financial aid eligibility. cial withdrawal from the University will not be determined until this process has been comp	empted hours for the purposes be finalized and the status of any	of determining R	1		e
Student's Signature 3050 Martin Luther King, Jr. Drive Shreveport, Louisiana 71107 www.susla.edu	Date Advisor's Sig	Phone: (318) 670-922 FAX: (318) 670-634 registraroffice@susla.ed	4 P	Registrar' Date Processed:		

RO: Official Withdrawal Request: Revised 07/14:07/16:11/16:07/17:08/19-LR:1/23-DLW