

GORDON STATE COLLEGE
STUDENT WITHDRAWAL FORM
PLEASE SUBMIT TO registrar@gordonstate.edu

INSTRUCTIONS AND INFORMATION

1. Fill out this form, obtain required signatures below and submit completed form to the Registrar's Office (registrar@gordonstate.edu).
2. The date of withdrawal is the date the completed Student Withdrawal Form is received by the Registrar's Office
3. Students may withdraw from all courses without academic penalty through the published midterm date for the semester. Withdrawals after the published midterm date will result in automatic grades of WF (withdrawn failing) except in cases of hardship withdrawal documented and approved by processing an Academic Request.
4. Refund rates for tuition and fees are available from the Gordon State College Bursar's Office (businessoffice@gordonstate.edu).
5. The textbook refund policy is available from the Gordon State College Bookstore (bookstore@gordonstate.edu).
6. Students receiving financial aid may be required to pay back financial aid funds as a result of the withdrawal. Questions regarding financial aid should be directed to the Department of Financial Aid (finaid@gordonstate.edu).
7. Any refund due to the student will be issued within (4) weeks of the withdrawal. Contact the Bursar's Office for questions regarding refunds (businessoffice@gordonstate.edu).
8. *RESIDENCE HALL STUDENTS ONLY: All personal belongings must be removed from the student's room. Floor keys and your resident student ID card must be turned in to the Residence Life Office to complete this withdrawal.

NAME

STUDENT ID NUMBER (GCID)

STREET (HOME ADDRESS)

DATE

CITY, STATE & ZIP CODE (HOME ADDRESS)

SEMESTER/YEAR

I request permission to withdraw from Gordon State College for the following reason:

CRN	COURSE ABBREVIATION	COURSE NUMBER	CREDIT HOURS	INSTRUCTOR'S NAME	DATE OF LAST ATTENDANCE

1. Are you receiving Financial Aid? Yes___ No___
2. Are you receiving Veteran Benefits? Yes___ No___
3. Are you an International Student with an F-1 Visa? Yes___ No___
4. Are your Financial and Library obligations with the College satisfied? Yes___ No___

DATE

STUDENT'S SIGNATURE

PROCESSED BY: _____
Registrar's Office

DATE: _____

*FOR CAMPUS RESIDENCE HALL STUDENTS ONLY:

CLEARED BY: _____
RESIDENCE LIFE

DATE: _____