SOUTHEASTERN
A CENTURY OF BUILDING FUTURES

OFFICIAL COMPLETE WITHDRAWAL FORM

SEMESTER/YEAR:

☐ Fall ☐ Spring ☐ Summer Year: _____

STUDENT ID NUMBER:

_____/_____/_____

FULL NAME:

_____

Last (Include II, Jr., Sr. etc.) *First* *Middle*

PERMANENT MAILING ADDRESS:

_____

Street *City* *State* *Zip* *Telephone*

Course Prefix	Course Number	Section Number	Time	Days	Instructor Signature *(Required after last day w/ Auto W)*	Credit Hours

I am withdrawing from Southeastern because of:

☐ *Academic Difficulties* ☐ *Family Responsibilities* ☐ *Financial Reasons*
☐ *Medical Problems* ☐ *Transferring to Another School* ☐ *Work Conflicts*
☐ *Other, Please Explain:* _____

_____

_____

I understand that I am responsible for any financial charges that I currently owe and that I may be required to return all or part of any Title IV funds I have received (if applicable).

X_____

STUDENT SIGNATURE (***Required)*** Date

REQUIRED SIGNATURES

_____

STUDENT SERVICES (A-205) Date

_____

RESIDENCE LIFE OFFICE (SU-137) Date

_____

AUXILIARY SERVICES (Hallie-Lobby) Date

_____

BUSINESS OFFICE (A-208) Date

Amount Currently Owed: _____

_____

FINANCIAL AID (A-107) Date

Amount of Title IV Funds to Return: _____

_____

VETERAN'S OFFICE (A-107) Date

_____

REGISTRAR'S OFFICE (A-100) Date

(Withdrawal is not official until processed in the Registrar's Office.)

DROP PERIOD: ☐ Before Semester ☐ No Grade Record
☐ Automatic "W" ☐ "W_" (Instructor's grading option of W or F)