



Office of the Registrar
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 Danbury, CT 06810
 Phone: (203) 837-9200
 Fax: (203) 837-9049
www.wcsu.edu/registrar

UNIVERSITY WITHDRAWAL FORM

PLEASE PRINT CLEARLY.

Last Name	First Name	MI	Student ID #
Address	City	State	Zip Code
Telephone #	E-Mail Address		

I hereby withdraw my current enrollment at Western Connecticut State University for the semester indicated below.

- I understand that this does not relieve me of any financial obligations to the University.
- I have read and understand the University’s refund policy as stated on the website at www.wcsu.edu/cashiers/refund.asp.
- Students living on campus are required to contact the Housing Office at 203.837.8531 to withdraw from housing.
- A withdrawal could affect your eligibility to receive or maintain financial aid. For more information, contact the Financial Aid Office at 203.837.8580.
- I understand that should I wish to return I must reapply through the Admissions office.

“I WISH TO WITHDRAW FOR THE”: (check one) FALL SPRING of YEAR: _____

“FOR THE SEMESTER I AM REQUESTING TO WITHDRAW...”: (check one)

- “I AM NOT ENROLLED IN ANY COURSES”
- “I WISH TO RECEIVE FINAL GRADES”
- “I WISH TO BE WITHDRAWN (RECEIVE W’S AS FINAL GRADES)”
(ONLY IF EXAM WEEK IS NOT ALREADY IN SESSION)

Reason for Withdrawal (check one): Personal Health Transfer Financial Other

COMPLETE THIS SECTION ONLY IF ENROLLED IN SUMMER/INTERSESSION COURSES:

- Check one:
- I wish to receive final grade(s) for course(s).
 - I wish to receive W’s as final grades

Comments:

Student’s Signature: _____

Date: _____

THIS FORM IS VALID ONLY WHEN IT HAS BEEN SIGNED BY THE STUDENT AND SUBMITTED TO THE REGISTRAR’S OFFICE