



Withdrawal

University of Southern Indiana
Registrar's Office
Orr Center, Rm 1075 Email: registrar@usi.edu
Phone: 812-464-1762 Fax: 812-464-1911

STUDENTS DO NOT WRITE IN THIS AREA	
Percentage of refund	
Processed by	Date
Checked by	Date
Student's program	

Use this form if you are dropping all courses for the semester/term

Student ID Number: 000 Name (Last, First, MI): _____

Date of Birth: _____ Semester/Term of Withdrawal: _____ Year: _____

The student's signature is required for all withdrawals. Additional required signatures include:

	Withdrawal (dropping <u>all</u> classes)
New Freshmen and degree-seeking undergraduates with fewer than 30 earned hours	Dean of college or authorized designee
Undergraduates with 30 or more earned hours, non-degree-seeking students, graduate students	Dean of college or authorized designee

SECTION ONE: If you have already registered for any future semesters/terms, you have the option to also be withdrawn from those semester(s). I wish to withdraw from:

_____ **All current and future semesters/terms**

OR _____ **Single or multiple semesters/terms but NOT ALL semesters/terms** (please indicate semesters/terms):

Fall _____ Spring _____ Summer I _____ Summer II _____ Summer III _____
year year year year year

Reason for withdrawal _____

SECTION TWO (TERMS AND CONDITIONS):

Please initial beside each item to indicate you have carefully read all terms and conditions.

- initials _____ 1) I understand that it is **my responsibility** to complete this Withdrawal form and obtain all required signature(s) before submitting it, and that it is **my responsibility** to submit the completed form to the Registrar's Office for processing.
- initials _____ 2) I understand my Withdrawal form will only be processed once the form is completed in its entirety and submitted to the Registrar's Office. If it is faxed or scanned/emailed after hours, I understand that it will not be processed until the next business day. Any refund (if applicable) will be granted according to the refund rate in effect on the day the completed Withdrawal form is processed. Refer to the Refund Schedule (www.usi.edu/registrar/schedule-changes/refund-schedules)
- initials _____ 3) It is my responsibility to consult with my academic advisor to determine how this withdrawal may impact my grades, cumulative GPA, and overall academic progress. Refer to www.usi.edu/registrar/grades-grading-policies for more information.
- initials _____ 4) I understand that withdrawing could result in the reduction or loss of financial aid and/or scholarships (including 21st Century), and that it is my responsibility to check my situation with Student Financial Assistance.
- initials _____ 5) It is my responsibility to contact the appropriate offices to determine how this withdrawal may impact the following:
University housing (Housing and Residence Life; 812-468-2000) Meal plan (Eagle Access Card; 812-464-1859)
Financial aid (Student Financial Assistance; 812-464-1767) Account balance (Bursar; 812-464-1842)
Returning textbooks (Campus Store; 812-464-1717) Student employment (Human Resources; 812-464-1815)
- initials _____ 6) I understand that dropping courses may delay my graduation.
- initials _____ 7) I understand that I cannot be withdrawn from any special length course that has already ended at the time this Withdrawal form is processed by the Registrar's Office, and that I will receive a final grade for said course.
- initials _____ 8) If this withdrawal is due to a serious medical condition, visit www.usi.edu/registrar/schedule-changes/medical-withdrawal to review the University's medical withdrawal policy.

SIGNATURES: By signing this form, I agree to the terms and conditions above and understand that withdrawing does not release me from any financial obligations with other University offices.

Student's handwritten/legal signature: _____ Date: _____
(a digital signature will not be accepted)

Signature of Dean of college or designee: _____ Date: _____
Authorized designees include the Director of Advising for the college of your major, Assistant Dean, or Associate Dean of college

Submit the completed form to the Registrar's Office in person, by fax to 812-464-1911, or scanned/emailed to registrar@usi.edu