



# Withdrawal

University of Southern Indiana  
Registrar's Office  
Orr Center, Rm 1075 Email: [registrar@usi.edu](mailto: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 or authorized designee
Undergraduates with 30 or more earned hours, non-degree-seeking students, graduate students	Dean 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**SECTION ONE:** If you have already registered for any future semesters/terms, you have the option to also be withdrawn from those semester(s).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, either by hand or electronically, 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](http://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](http://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 21<sup>st</sup> 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](http://www.usi.edu/registrar/schedule-changes/medical-withdrawal) to review the University's medical withdrawal policy.

**SIGNATURES:** By signing this form by hand or electronically, 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: \_\_\_\_\_  
(Digital Signatures will only be accepted when this form is received from a secure University of Southern Indiana email address)

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

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