



WSSU

Winston-Salem State University

Graduate and Professional Programs

Student Withdrawal Form

Banner ID:

Name:

Local Address:

Permanent Address:

Home Phone:

Cell Phone:

Email:

Graduate Program:

Hours attempted this semester:

Hours Completed:

Full Time

Part-time

Semester Withdrawing:

Fall

Spring

Summer I

Summer II

Year:

I wish to withdraw from Winston-Salem State University. I have consulted with the Graduate Program Coordinator. I understand that I must reapply for admission if I do not register for courses for two consecutive semesters. I also understand that there is no cost associated with readmission.

My reasons for requesting withdrawal are as follows:

Signature of Student

Dated Signed

I have advised this student as to the academic repercussion of withdrawal from WSSU. I have referred the student to other resources on campus, including but not limited to the Counseling Center and the Financial Aid Office. I have discussed the basis of the above-mentioned repercussions, and I request that Office of the Registrar withdraw the above named student from all classes and from WSSU.

Signature of GPC

Date

Department Chair

Date

Dean of School/ College

Date

Associate Provost

Date

Signature, Office of the Registrar

Date

Effective Date of Withdrawal