

FAYETTEVILLE STATE UNIVERSITY
UNIVERSITY WITHDRAWAL FORM

Name _____ SSN _____ Class _____

Permanent Address _____

Applicable Semester and Year _____

For proper withdrawal from the university, the student is responsible for obtaining signatures from the administrative offices listed below in sequential order. All university property must be returned to the appropriate office. If for some reason an outstanding debt to the university is left pending, you will be held liable and transcripts and other services will be withheld. The Business Office will make contact regarding all outstanding debts by mail.

Part I. Report to Counseling Center or Dean of Graduate Studies for an Exit Interview

Counselor/Dean of Graduate Studies	Date of Interview
Student Signature	Date
	Reason for Withdrawal

Part II Report to the Financial Aid Office (if applicable) or Business Office for Exit Conference

Financial Aid Office/Business Office	Date
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Part III. Secure signature from Academic Dean or University College Director

Dean/Director of University College	Date
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Part IV. Submit this form to the office of the Registrar