

# SOUTHERN UNION STATE COMMUNITY COLLEGE WITHDRAWAL REQUEST FORM

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STUDENT NUMBER: \_\_\_\_\_

FULL NAME (Please Print):

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

SEMESTER: \_\_\_\_\_

## SCHEDULE:

SEC. NO.	COURSE TITLE	COURSE NO.	INSTRUCTOR'S NAME

YES, I AM RECEIVING FINANCIAL ASSISTANCE (Grants, Loans, Work Study, Scholarships, VA, etc.)

\*A SIGNATURE OF A FINANCIAL AID OFFICER IS REQUIRED BEFORE WITHDRAWAL WILL BE PROCESSED.

STUDENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

\* SIGNATURE OF FINANCIAL AID OFFICER:

\_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PERSONNEL PROCESSING WITHDRAWAL:

\_\_\_\_\_

DATE: \_\_\_\_\_