

SEMESTER/YEAR:

Fall _____
Midwinter _____
Spring _____
Summer I _____
Summer II _____



Office of the Registrar
Box C-2, BAB 104
Alpine, TX 79832

(432) 837-8862
Fax: (432) 837-8411
registrar@sulross.edu

OFFICIAL WITHDRAWAL FORM

Please print or type.

Student Name:			Student ID Number:		
<i>Last</i>	<i>First</i>	<i>MI</i>			

Permanent Address:			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Permanent Phone:	Cell Phone:	Email Address:
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The official withdrawal from Sul Ross State University will only be processed using this official form. Please describe the primary reason for withdrawal.

Grade Information: Contact your instructor(s).

Refund Information: Contact the Cashiers Office at 432-837-8050, options 2 - 2.

The conditions noted below apply to me. I understand that it is MY responsibility to inform the appropriate offices (if applicable) of my withdrawal.

- Financial Aid recipient (grants, loans, scholarships)
- Veteran's education benefits (Hazlewood, VA)
- Reside in campus housing
- Student athlete
- None of the above

DEPARTMENT OF HOUSING AND RESIDENTIAL LIFE

Students who currently reside in university housing need to contact Residential Life to arrange for a contract cancellation, due to withdrawal from the university.

FINANCIAL AID RECIPIENTS

Are you receiving any form of financial aid (grants, loans, work study)? *YES _____ NO _____

*You will be required to repay any unearned portion of the financial aid you have received.

If you are withdrawing in person, you must speak with a Financial Aid and Scholarships counselor to discuss your financial aid liabilities (if any) and your payment options. If you are not withdrawing in person, you are responsible for reading all notifications (emails and/or letters) sent to you regarding your financial aid liabilities (if any) and your payment options.

I understand that I have officially withdrawn from the current semester only. I further understand that I will remain responsible for any and all debt incurred at Sul Ross State University.

STUDENT SIGNATURE:	DATE:
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FOR OFFICE USE ONLY:

In Person:	Department Request:	Processed by:
By Email/Mail/Fax:	Cancelled Class:	Effective Date:
International Student:		