SEMESTER/YEAR:

Fall	
Midwinter	
Spring	
Summer I	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

Student Name: Permanent Address: Street S	Please print or type.		<u></u>	
Permanent Address: Store Call Phone: Call Phone: The official withdrawal from Sul Ross State University will only be processed using this official from. Please describe the primary reason for withdrawal. Grade Information: Contact your instructor(s). Refund 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) on my withdrawal. Financial Aid recipient (grants, loans, scholarships) Veteran's education benefits (Hazlewood, VA) Reside in cumpus 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)? *YESNO "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 you have received. If you are withdrawing in person, you must speak with a Financial aid us you have received. If you are withdrawing in person, you must speak with a Financial aid us you have received. If you are withdrawing in person, you must speak with a Financial aid you have received. If you are withdrawing in person, you regarding 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 I understand that I have officially withdrawn from the current semester only.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. PATE: POR OFFICE USE ONLY:	Student Name:		Student ID Number:	
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