WITHDRAWAL FORM
SLIPPERY ROCK UNIVERSITY
Slippery Rock, PA 16057

STUDENT INSTRUCTIONS: Complete all information below before your exit interview (this includes dating and signing). Please make an appointment with a Student Success Coach by calling the Office for Inclusive Excellence at 724-738-2700.

Last Name __________ First __________ Middle __________ Banner ID# _________

Street Address _____________________________________________________________
City __________________________ State __________ Zip Code __________

Home Phone Number: __________________________ Cell Phone: __________________________

Check Status: Freshman □ Sophomore □ Junior □ Senior □ Graduate □ Post-Baccalaureate □

MAJOR at time of withdrawal __________________________ Advisor’s Name __________________________

Do you plan to reapply to SRU? __________________________ If yes, when? __________________________

Student’s Signature __________________________ Date student initiated term withdrawal Process __________________________

FOR OFFICE USE ONLY:

In the space to the right, indicate the appropriate “Reason for Leaving” code number from below.

In the space to the right, indicate the appropriate “plans after withdrawing from SRU” code.

Encourage the student to speak to the following individuals depending on their status:

☐ Faculty Advisor (copy) __________________________ Referred __________________________
☐ Student Accounts (contact & copy) __________________________ Referred __________________________
☐ Financial Aid (contact) __________________________ Referred __________________________
☐ Residence Hall Coordinator (copy) __________________________ Referred __________________________
☐ Veterans Affairs (copy) __________________________ Referred __________________________

REASONS FOR LEAVING CODES

W1 Cannot Adjust Socially
W2 Courses Too Difficult
W5 Financial Reasons
W8 Medical
W9 Military Obligation
WA Moving From Area
WB Personal Reasons
WM Wants to Live Closer to Home
WN Academic Program not Available
WR Quality of Instruction
WS Class Scheduling Problems
WT Poor Social Activities
WX Resident Hall Environment
WZ Other

PLANS AFTER WITHDRAWING CODES

A Work Only
B Work and Attend a Two-Year School
C Work and Attend a Four-Year College
I Stay Home (no work or school)
J Joined the Armed Services

Signature of Interviewer __________________________ Effective Withdrawal Date __________________________

*Refunds will be based on the effective withdrawal date