

STETSON UNIVERSITY

Withdrawal Form

All fields are required. Submit completed form to the OneStop-Registrar

Name _____ STETSON ID# _____

Major _____

PLEASE CHECK ONE

Medical Withdraw (must have a letter from a medical provider supporting students withdraw decision). Final approvals for medical withdrawals are determined by the Dean of Students. For Medical Withdrawals, please submit this form to 549 Bert Fish Drive.
OR

Withdraw (not returning)

Please select the reason(s) you are withdrawing:

- | | |
|--|---|
| <input type="checkbox"/> Unhappy with academic program | <input type="checkbox"/> DeLand area not suitable |
| <input type="checkbox"/> Financial Aid not adequate | <input type="checkbox"/> Attending another college: _____ |
| <input type="checkbox"/> Health reasons | <input type="checkbox"/> Personal reasons |
| <input type="checkbox"/> Housing not suitable | <input type="checkbox"/> Cannot afford Stetson |
| <input type="checkbox"/> Social life not Suitable | <input type="checkbox"/> Other: _____ |

Mobile Phone # _____ Non-Stetson Email address _____

Permanent Address _____ CITY _____ STATE _____ ZIPCODE _____

**Have you received a Federal Stafford, Perkins or Nursing Loan while at Stetson? Yes No

Recipients of Federal Stafford and/or Perkins Loans are required to complete on-line exit loan counseling. Please refer to the Student Loan Information Packet available in the Office of Financial Aid.

**Are you enrolled in the monthly payment plan? Yes No

If yes, your contract will be canceled and your account will be adjusted to reflect the amount paid through the plan. If you have overpaid through the monthly payment plan you will be refunded in accordance to Stetson's refund policy.

Students are responsible for reviewing the refund schedule located in the University Catalog. Your withdrawal date is the date in which the form is processed. Please click here to review the refund schedule <http://catalog.stetson.edu/undergraduate/general-information/expenses/>

Office of Financial Planning Signature: _____ Date: _____

Housing Information

If I am a residential student, the refund date for housing will be determined by the date of check out from my room and Key return (not date of withdrawal from the University) and I must move out of my room within 48 hours of my withdrawal from the University.

Please contact the Office of Residential Living and Learning (located in the main office of University Hall; reachable by phone at 386-822-7201) immediately to discuss the arrangements for your departure)

Student has made arrangements with Residential Living and Learning

Staff Name: _____

Staff Signature: _____ Date: _____

It is my intention to withdraw from the University. I understand that I am obligated to participate in an exit interview. I also understand that I must satisfy any balance that I owe to the University. I must also complete on-line exit loan counseling if I received any student loans, i.e., Stafford and/or Perkins, while in attendance at Stetson. I understand that as a recipient of a Stetson Scholarship, I should refer to the terms and conditions of my scholarship contract. If I fail to fulfill my obligations, holds will be placed on my records preventing me from registering for classes and from receiving transcripts from the University. If I have attended the University for more than one semester, I understand that this withdrawal does not exempt me from being reviewed for academic dismissal at the end of the term.

If I wish to RETURN to the University, I understand that I must apply to the University's Admissions Office as a re-entering student. As a re-entering student, my work will be evaluated using my past credentials, and I must be admitted into an academic program. My eligibility for housing will be reviewed prior to the term I indicated for my return and assignments will be made on a space available basis, as housing is not guaranteed.

Student Signature _____ Date _____