

# STETSON UNIVERSITY

## Withdrawal Form

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

Name \_\_\_\_\_ STETSON ID# \_\_\_\_\_  
Major \_\_\_\_\_ Mobile Phone#: \_\_\_\_\_ Non-Stetson Email address: \_\_\_\_\_  
Permanent Address (street, city, state, zip): \_\_\_\_\_

Undergraduate  Graduate

### PLEASE CHECK ONE

**MEDICAL WITHDRAW**

You 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 only, please submit this form to the Dean of Students Office, CUB 204.

OR

**WITHDRAW (not returning)**  **WITHDRAW (returning)** )

### Please select the reason(s) you are withdrawing:

- |                                                        |                                                |
|--------------------------------------------------------|------------------------------------------------|
| <input type="radio"/> Unhappy with Academic Program    | <input type="radio"/> Personal Reasons         |
| <input type="radio"/> DeLand Area not Suitable         | <input type="radio"/> Housing not suitable     |
| <input type="radio"/> Financial Aid not Adequate       | <input type="radio"/> Cannot afford Stetson    |
| <input type="radio"/> Attending Another College: _____ | <input type="radio"/> Social Life not Suitable |
| <input type="radio"/> Health Reasons                   | <input type="radio"/> Other: _____             |
| <input type="radio"/> COVID-19 Related: _____          |                                                |

### Student Financial Planning Information

**\*\*Have you received a Federal Stafford or Perkins 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 see the refund schedule online:

Undergraduate - <http://catalog.stetson.edu/undergraduate/general-information/expenses/>  
Graduate - <http://catalog.stetson.edu/graduate/general-information/financial-information/>

Office of Financial Planning Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Housing Information Student is a Commuter (please skip to next section)

Being a residential student, I understand that housing fees are refunded based on the university refund schedule. I must move out of my room within 48 hours of withdrawal from Stetson. Exceptions beyond 48 hours must be approved by the Executive Director or their designee and I will be charged for any additional nights stayed at the nightly rate for the room.

***It is confirmed that the student has made appropriate arrangements for departure with the staff in Residential Living & Learning.***

Residence Hall/Apartment Bldg: \_\_\_\_\_ Room #: \_\_\_\_\_ Expected Departure Date: \_\_\_\_\_

Residential Living & Learning 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 \_\_\_\_\_