Central Connecticut State University
Start with a Dream. Finish with a Future.
Office of the Registrar

Name: ______________________________________ CCSU ID Number: ______________
Last First Middle

Address: ______________________________________ Semester: [ ]
Street and Number

______________________________________ Effective Date: [ ]
City State Zip (Today's Date)

University Withdrawal Form

Reason for Withdrawal: ____

University Withdrawal is allowed no later than four weeks before the last day of the final examination period. Withdrawals after this date will be permitted only under extenuating circumstances and will require consultation and approval of the Academic Dean and the Registrar.

It is the responsibility of the student to contact the appropriate offices below to ensure proper withdrawal:

- ✓ If you have Financial Aid, please contact the Financial Aid Office, Memorial Hall (860-832-2200)
- ✓ If you participate in the University-billed Sickness Insurance plan, your coverage under the plan may be affected. Please contact the Bursar's Office, Memorial Hall 104 (860-832-2010) to discuss your coverage.
- ✓ If you live in a University Residence Hall, contact Residence Life, Barrows Hall 120 (860-832-1660)
- ✓ If you receive Veterans Benefits, contact Veterans Affairs, Davidson Hall 107 (860-832-2838)
- ✓ If you are taking a Leave of Absence to Study Abroad, contact the Center for International Education and indicate the name of the program or university that is sponsoring the study: ______________________________
- ✓ If you are a Student Athlete, approval is required if you fall below 12 credits:
  Athletic Compliance Officer: ______________________________
  (All Student Athletes must maintain Full Time status and be actively enrolled in at least 12 credits. Withdrawal below 12 credits will affect eligibility to practice and compete.)

In the withdrawal process, I promise to pay Central Connecticut State University, its agents or contractors, any indebtedness which I have incurred. Additionally, I realize a withdrawal status may affect certain federal and state benefits, various financial aid programs, loans, scholarships, and social security benefits. Satisfactory Academic Progress requirements must be met for continued financial aid eligibility. Exit interviews are required of all recipients of student loans.

______________________________ ______________________________
Student's Signature **Date**

______________________________ ______________________________
Registrar Date

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Leave of Absence (Undergraduate Students Only)

A Leave of Absence is a period of separation from CCSU for up to two consecutive semesters. During this time a student maintains his/her matriculation and is entitled to return to CCSU. Students may register for classes during the normal registration period based on cumulative credits earned both in transfer and at CCSU.

My semester of anticipated return to CCSU is: ______________________________
(Separation from the University may be no more than two consecutive semesters)

______________________________ ______________________________
Student's Signature **Date**

Withdrawal Form Must Be Returned to the Office of the Registrar, Davidson Hall, Room 116
1615 Stanley Street, New Britain, CT 06050.
Fax: 860-832-2250

Rev. 07/09