



WITHDRAWAL FORM

The Office of Student Financial Services is required to recalculate federal student aid eligibility for students who withdraw, drop out, are dismissed, or take a leave of absence prior to completing 60 percent of a semester. In some cases, federal and state funds already disbursed may need to be returned to federal and state programs. This may result in the student owing money to Suffolk University. Students with federal student loans are required by the federal government to complete exit counseling upon their departure from Suffolk University. Exit counseling can be completed at www.studentloans.gov. Federal loans will enter their grace or repayment periods as of the effective date of withdrawal or leave of absence.

I am requesting a withdrawal from the University.

I am currently enrolled in the:

- College of Arts & Sciences
- Sawyer Business School

I am an:

- Undergraduate Student
- Graduate Student

CAPS Student

Non-degree Student

Certificate Student

Student ID # _____

Name

LAST (FAMILY) FIRST MIDDLE INITIAL

Permanent Mailing Address

STREET CITY STATE ZIP CODE

Phone (DAY) _____ (CELL) _____ Email _____

Are you currently registered for classes? Yes No Will you complete the current semester? Yes No

Exact date of last class attended _____
MONTH / DAY / YEAR

1. On the back of this form, please provide a detailed description of your reason for withdrawal. (This form will not be processed without this information.)

2. If you are transferring to another school, please indicate which institution: _____

3. Are you living in a University residence hall? Yes No

4. Are you an international student? Yes No

By signing this form, I acknowledge that I have read the information on this form regarding withdrawal. I understand that withdrawing from the University may result in me owing money to Suffolk University for tuition and may result in my student loans entering repayment.

STUDENT'S SIGNATURE

DATE (MONTH / DAY / YEAR)

OFFICE USE ONLY

STUDENT AFFAIRS SIGNATURE

EFFECTIVE DATE OF WITHDRAWAL (MONTH / DAY / YEAR)

Please return this form to the Student Affairs Office
73 Tremont Street, 12th Floor
tel: 617.573.8239 fax: 617.973.5362

Code: _____

