



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 studentloans.gov. Federal loans will enter their grace or repayment periods as of the effective date of withdrawal.

Student ID # _____

Name _____ LAST (FAMILY) FIRST MIDDLE INITIAL

Permanent Mailing Address _____ STREET CITY STATE/COUNTRY ZIP/POSTAL CODE

Cell Phone _____ Email _____

I am a(n): Undergraduate Student Graduate Student Certificate Student Non-degree Student

I am currently enrolled in the: College of Arts & Sciences Sawyer Business School

Are you currently registered for classes? Yes No

Will you complete the current semester/summer module? Yes No

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

Are you living in a University residence hall, leased property or hotel? Yes No

If yes, where? _____

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

Are you an international student? Yes No

If you are an international student with F-1 (I-20) or J-1 (DS-2019) visa status, an additional signature from International Student Services, located at 73 Tremont Street, 6th floor, is required prior to submitting this form to the Student Affairs Office.

I have advised this student about the consequences of taking a leave of absence from the University.

INTERNATIONAL STUDENT ADVISOR'S SIGNATURE

DATE (MONTH / DAY / YEAR)

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

By signing this form, I acknowledge that I have read the information at suffolk.edu/withdrawal regarding withdrawal. I understand that withdrawing from the University may result in me owing money to Suffolk University for tuition or fees 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 LEAVE OF ABSENCE (MONTH / DAY / YEAR)

CODE: _____

