WITHDRAWAL APPLICATION

***Please note that this form does not apply to students who are not currently registered.**

PART I: STUDENT INFORMATION			
Last Name	**First Name**	**Middle Initial**	**Student ID**
Street			
City	**State**	**Zip Code**	
Area Code Telephone Number		**Email Address**	
Reason for Withdrawal			

PART II: WITHDRAWAL INFORMATION (THIS SECTION MUST BE COMPLETED)			
WITHDRAWAL EFFECTIVE FOR:			**DATE OF LAST CLASS OF ATTENDANCE** _____/_____/_____
	Term	**Year**	(This date must be the same or prior to the date the form is received in the Office of the Registrar and will be used to adjust VA benefits.)

VETERANS ONLY		Veterans Affairs Benefits		Social Security Benefits

A student is eligible for a full refund of registration fees when withdrawing from the University during the first week of classes of any term. A student is eligible for a 25% refund of registration fees for **Fall** and **Spring** terms when withdrawing from the University **between the start of the second week and the end of the fourth week of classes.** A student is eligible for a 25% refund of registration fees for **Summer** term when withdrawing from the University **between and start of the second and end of the third week of classes** of the earliest **session** in which registered. Refer to the current semester/term **Schedule of Classes** for specific withdrawal dates. All refunds must be requested from the Office of Accounts Receivable, ADM 176.

EXCEPTIONS TO THESE DEADLINES WILL BE CONSIDERED FOR THE FOLLOWING:
UNIVERSITY ERROR – Provide supporting statement from appropriate University official and a completed Fee Adjustment Form.
CALL TO ACTIVE MILITARY DUTY – Provide a copy of orders and a completed Fee Adjustment Form.
STUDENT ILLNESS – Provide supporting statement from physician and a completed Fee Adjustment Form.

NOTICE TO FINANCIAL AID RECIPIENTS:
If you withdraw before you complete more than 60% of a semester, you may owe a repayment. The Office of Financial Aid will notify you of the repayment amount.

Student Signature _____ Date _____

FOR RESIDENT HALL STUDENTS ONLY				
1.	Resident Instructor:		Date:	
2.	Housing/Food Service: (Return key, linen, ID card and change of address.)		Date:	

DO NOT WRITE BELOW THIS LINE

Effective Date of Semester/Term		Initials & Date:	

OFFICE OF THE REGISTRAR
University of South Florida • 4202 East Fowler Avenue, SVC 1034 • Tampa, Florida 33620-6950
(813) 974-2000 • Fax (813) 974-5271 • www.registrar.usf.edu

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