



**Office of Graduate Studies & Extended Education**  
**McKelvie Hall, 102 Rosedale Avenue**  
**West Chester, PA 19383**  
**610-436-2943**

**GRADUATE WITHDRAWAL FORM**

I am withdrawing from West Chester University. I understand that my withdrawal may affect my financial aid and that if I have any obligations to the University, my academic records will be sealed until such obligations have been cleared.

Name: \_\_\_\_\_

Social Security No/I.D. No. \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

Semester or Session from which I am withdrawing:

Fall, 20\_\_

Spring, 20\_\_

Summer, 20\_\_

First 5 week session

Second 5 week session

Post Session

Reason for Withdrawing

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature \_\_\_\_\_

Are you living in campus residence?  Yes  No

If yes, please have this form signed by the Director of Residence Life

\_\_\_\_\_

For Office Use Only:

Effective Date of Withdrawal \_\_\_\_\_

Processed by: \_\_\_\_\_