NORFOLK STATE UNIVERSITY OFFICE OF THE REGISTRAR

APPLICATION FOR WITHDRAWAL

(Please Print)				
TERM OF WITHDRAWAL: Fall	☐ Spring ☐ Summe	r (Check only one)	YEAR:	
DATE OF WITHDRAWAL:/_	/		ID#	
NAME:		FIRST		
				
PERMANENT ADDRESS:				
	STREET		APT#	
	CITY		STATE	ZIP CODE
TELEPHONE: ()				
Danasa fan Wildednawel (Circle	0			
Reason for Withdrawal (Circle 01 Financial Problems	One):			
02 Illness/Injury		06	Other	
03 Insufficient Financial Aid			Personal Problems	
04 Maternity			Decided On Another S	School
05 Entered Military			Study Abroad	
20 2			Unknown	
A	V	Ara vav en NCI	LI Adhlete O D V	7 M-
Are you receiving VA benefits?	Yes □ No	Are you an NS	U Athlete? ☐ Yes ☐	J NO
Do you live in the residence hall? \square Yes \square No				
·		Complian	ce Officer Signature Required	
immediately after signing the withdra Financial Aid Awards are subject to the Financial Aid Office.				
Signature of Student			Date	
Signature of Advisor / Designee			Date	
Requested Via: Letter In P	Person			
Exit Interview:			 Date	
g The state of the				
Veteran's Office: Cleared by			Date	
Housing: Cleared by			Date	
			Date	
() Issue Copy to Student () Notify	y Spartan Card Office	() EDW		
Financial Aid				
	Aid			
	II Grant	Financia	l Aid	Date
	rd Subsidized Loan			
	rd Unsubsidized Loan	061	A	
	her	Student	Accounts	Date
	her			
	her	Loan De	fault Manager	Date
		Registra	r	Date