



Withdrawal from SSU

Student Info

Name: _____

SSU ID: _____ EmailAddress: _____ @sonoma.edu

Address: _____

City/State/Zip: _____

Daytime Phone: (____) _____

Withdraw Info

Semester & Year you are withdrawing from: Spring Fall Year _____

For Summer only: This is a session withdraw: 4 weeks 1 4 weeks 2 8 weeks

Are you presently registered for any classes? Yes No

Do you plan to return to SSU? No Yes If so, when? _____ Semester & Year

Last date you attended any class(es): _____

Reason for Withdraw

You MUST include documentation of serious and compelling reasons if withdraw is requested after the 20th day of instruction. Withdraw request will not be processed if said documentation is not included, or if documentation does not demonstrate serious and compelling reasons. Additional info on serious and compelling reasons at: www.sonoma.edu/ar/registration/regannounce.shtml

Signature Info

IMPORTANT NOTE FOR HOUSING STUDENTS: Students who withdraw from a semester are not eligible to remain in housing for that semester. Please contact the housing office to settle your contract.

IMPORTANT NOTE FOR FA RECIPIENTS: Withdrawals may affect your financial aid eligibility and/or repayment requirement. Please contact Financial Aid for further information regarding your situation.

Student Signature: _____ Date: _____

Advisor Signature _____ Date: _____

Department Chair _____ Date: _____

**Refund of fees only in case of University error, death of student, compulsory military service, or documented medical condition. A doctor's verification if required.*

Return completed form to: SSU Admissions & Records, 1801 E Cotati Ave., Rohnert Park, CA 94928
or by Fax: (707)664-2060

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