



The Graduate School

102 W. Rosedale Avenue, West Chester, PA 19383

Ph: 610-436-2943 Fx: 610-436-2763 E: gradschool@wcupa.edu

www.wcupa.edu/grad

REQUEST FOR GRADUATE TERM AND/OR UNIVERSITY WITHDRAWAL

Instructions: This form is to be used by graduate students to notify the University of their plan to withdraw from all of their classes for the term indicated and/or their plan to leave the University. Students withdrawing from the current term will be dropped from all courses, a grade of "W" will be assigned for each course if received after the Add/Drop deadline. Requests for term withdrawals must be received prior to the term withdrawal deadline.

Student Name: _____

Phone: (____) _____

WCU ID: _____

Indicate the current term and/or future terms in which you are enrolled but want to be withdrawn:

☐ Fall _____ ☐ Winter _____ ☐ Spring _____ ☐ Summer _____ ☐ Not enrolled in future terms
(Year) (Year) (Year) (Year & Session)

Do you plan to return to West Chester University?

☐ Yes

☐ No, I do not plan to return

* IF YES: When do you plan to return? Term Year

* By checking "No" you are withdrawing from the University; to re-enroll you will need to contact The Graduate School

* When checking "Yes" you have the option to sit out for 2 consecutive full (fall/spring) terms before you are no longer considered an active student. After 2 full, consecutive terms without enrollment you will need to contact The Graduate School in order to re-enroll. You should visit the [Enrollment Policy](#) to fully understand the implications of non-enrollment and to learn about the [Leave of Absence Policy](#).

REASON FOR WITHDRAWAL: Please refer to the Graduate Catalog for Withdrawal Policy.

Attach documentation if necessary.

Term:

☐ Medical ☐ Family ☐ Military ☐ Transferred Colleges

☐ Employment ☐ Financial Reasons ☐ Housing not available ☐ Personal Reasons

☐ Moving from Area ☐ Transportation Issues ☐ Other: _____

University:

☐ Academic ☐ Medical ☐ Financial ☐ Military ☐ Transferring ☐ Employment ☐ Personal

Please read the statements below. Please sign and date to confirm the information contained on this form is accurate and to demonstrate you understand/agree to the terms indicated.

- I am requesting to be withdrawn from West Chester University for the terms indicated.
- I understand that my withdrawal may affect my financial aid. If I have any financial obligation to the University, my academic records will be sealed until such obligations have been cleared.
- If I hold a Graduate Assistantship, I am aware of the financial penalty associated with the withdrawal, up to and including the full cost of tuition. I have contacted the Graduate Assistantship Coordinator at gradassistantship@wcupa.edu.
- I understand that by indicating that I do not plan to return to West Chester University I will no longer be considered an active student and that if I wish to re-enroll I will need to contact The Graduate School.
- I acknowledge that failure to provide all necessary information on/with this form may result in this form not being processed.

Student Signature: _____

Date: _____

This form can be submitted from your WCU email address to gradschool@wcupa.edu or dropped off at McKelvie Hall (102 W Rosedale Ave, West Chester, PA 19383).