

STUDENT RESIGNATION FORM

Student Name: _____ Student ID #: _____

Term to which this request applies: _____

Student Signature: _____ Date: _____

Please select one of the following:

_____ I am registered for classes for the next semester but do not plan to attend Pitt-Greensburg. I would like to drop all of my classes.

_____ I am registered for classes for the current semester and would like to resign from all of my classes.

Did you attend classes this semester? ____ yes ____ no If Yes, last day of class attended _____

Do you intend to return to Greensburg at a later date? ____ yes ____ no ____ not sure at this time

Are you using Veteran's benefits while currently attending? ____ yes ____ no

Do you have additional questions or concerns that you would like to address? ____ yes ____ no

If **yes**, please describe your question or concern briefly so that an appropriate staff member can follow up with you. _____

Please return completed form by fax, mail or email to the Office of the Registrar

120 Millstein Library

150 Finoli Drive

Greensburg, PA 15601

Email: upgreg@pitt.edu Fax: 724-836-7176

OFFICE USE ONLY

Term Withdrawal process completed by:

Date:

NOTES

Cc: Faculty

Financial Aid

Housing

Student Accounts

Student File-Academic Affairs