

Student Withdrawal from the South Dakota Regental System

Use this form to drop ALL Regental classes for the current semester (courses from BHSU, DSU, NSU, SDSMT, SDSU, and USD)

Last Name: _____ First Name: _____

Permanent Phone: _____ SSN/Student ID: _____

Permanent Address: _____

Do you plan to return to BHSU? Yes No Semester _____ (you will need to reapply)

Reason for withdrawal: (please check one)

- | | | |
|---|---|---|
| <input type="checkbox"/> Academics (AC) | <input type="checkbox"/> Financial Problems (FP) | <input type="checkbox"/> Death in Family (DF) |
| <input type="checkbox"/> Financial Aid Package (FA) | <input type="checkbox"/> Military Activation (ML) | <input type="checkbox"/> Illness/Injury (IL) |
| <input type="checkbox"/> Decided not to attend (NS) | <input type="checkbox"/> Joining Military (AS) | <input type="checkbox"/> Family Leave (FL) |
| <input type="checkbox"/> Attend Voc/Tech (VT) | <input type="checkbox"/> Full time job (WK) | <input type="checkbox"/> Personal (PP) |
| <input type="checkbox"/> Transferring (TR) | <input type="checkbox"/> Major not offered (AP) | <input type="checkbox"/> Other (OT) |

NOTICE to students: This form will be faxed to the necessary universities/departments informing them of your withdrawal from the Regental System. It is your responsibility to settle any unpaid balances with the Business Office and resolve requirements set forth by the Financial Aid Office. Depending on the date of withdrawal you may be required to repay any financial aid you received at the beginning of the semester. Failure to complete this process can result in:

1. suspension of eligibility for federal and state financial aid and most other sources
2. financial liability for any unpaid tuition and fees and/or residence hall & food service charges
3. loss of refund
4. a hold being placed on your records

Yes No **Did you receive Financial Aid?** Withdrawing from school (during the term) can affect your aid for future semesters and could result in a repayment of aid already received. Discuss how this withdrawal will affect you in terms of your financial aid with personnel in the Financial Aid Office. If you have borrowed from a federal loan program (Stafford or Perkins) you must attend a loan exit interview.

Yes No **Do you live in a residence hall or campus apartment?** You must checkout with the your Hall Director. Also, you may wish to visit the Residence Life Office, 642-6464, to clarify your status regarding any unpaid residential charges/holds and your security deposit.

Yes No I have read this form carefully and understand that it is my responsibility to resolve any unpaid balances, financial aid and residence life issues prior to my departure today. It is my intent to withdraw from the semester(s) that I am registered/pre-registered for as indicated above.

Signature _____ Date _____

Please sign and date this form.

If you are faxing this form the number is: 605-642-6022. If you are mailing this form the address is: Black Hills State University, Registrar's Office, 1200 University St Unit 9666, Spearfish SD 57799-9666 If you are entitled to a refund we will use either the fax date or the post mark on your envelope as the date of your withdrawal.