



# University of Pittsburgh at Greensburg

## STUDENT RESIGNATION FORM

Student Name: \_\_\_\_\_ Pitt 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.

Do you intend to return to Greensburg at a later date?  Yes  No  Not sure at this time

Do you have additional questions or concerns that you would like to address?  Yes  No

If yes, please describe your question briefly so that an appropriate staff member can follow up with you:

---

---

---

Term Withdrawal process completed by \_\_\_\_\_ in the Registrar's Office on \_\_\_\_\_

Please return the completed form by fax, email, or mail to the Office of the Registrar  
120 Millstein Library Building  
150 Finoli Drive  
Greensburg, PA 15601  
Email: [upgfnaid@pitt.edu](mailto:upgfnaid@pitt.edu) Fax: 724-836-7176

*Please contact our office at 724-836-9899 with questions.*

cc: Faculty (current term resignation only)  
Financial Aid  
Housing  
Student Accounts  
Student File – Academic Affairs