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.

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:**

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

Revised 1/2019