

Tahlequah Campus 701 N. Grand Ave., Tahlequah, OK 74464, fax: 918.458.9638

Revised 1/12

Broken Arrow Campus 3100 E. New Orleans, Broken Arrow, OK 74014, fax: 918.449.6190

SEMESTER WITHDRAWAL

		☐ Fall 20
		□ Spring 20 ————
Student ID# (N number)		□ Summer 20
Name (Last)	(First)	(MI)
I may have incurred as a student a	t Northeastern State University inclu	dentified above. I am responsible for all obligations uding responsibilities to the Department of Educa-ficial communication method of Northeastern State
Signature	Date	
Reason for withdrawal		
Upon your withdrawal, NSU Studer	•	ing a calculation (required by federal regulation) to
determine if you will be required to	repay any of the financial aid receive	ed for the term.
Under NSU's Satisfactory Academic Progress Policy (SAP), financial aid recipients must meet requirements to rema eligible for financial aid.		
enrolled at NSU, the date of your w	ithdrawal will be reported to your stu	ed Stafford Loan, or the PLUS Loan program while ident loan lender. Six months after your withdrawal loans. You are also required to complete loan exit
The RiverHawk Shoppe may require	e this form for text book returns.	
Please visit www.nsuok.edu and log	into goNSU to view and manage yo	our university account.
***	**************************For Office Use Only	**********
A&R staff		Date