REQUEST FOR RETRO DROP FORM
(100% NEGATION OF TUITION & FEES ONLY)

Reason for Drop: ________________________________________________________________
(ATTACH SUPPORTING DOCUMENTATION)

THIS FORM MUST BE SIGNED BY FINANCIAL AID AND BURSAR BEFORE A DECISION CAN BE MADE.

It is the responsibility of the student to contact the appropriate offices below to determine the financial impact of the request.

- The Financial Aid Office, Memorial Hall (860-832-2200)
- The Bursar’s Office, Memorial Hall (860-832-2010)

Financial Aid ___________________________ Date ___________________________

Bursar ___________________________ Date ___________________________

In the withdrawal process, I promise to pay Central Connecticut State University, its agents or contractors, any indebtedness which I have incurred. Additionally, I realize a withdrawal status may affect certain federal and state benefits, various financial aid programs, loans, scholarships, and social security benefits as well as my insurance coverage if participating in the University-billed Sickness Insurance plan. Satisfactory Academic Progress requirements must be met for continued financial aid eligibility. Exit interviews are required of all recipients of student loans.

I understand the full impact of my financial obligation to the University should my request be approved.

Student’s Signature ___________________________ Date ___________________________

Registrar ___________________________ Date ___________________________

Retro Drop Form Must Be Returned to the Office of the Registrar, Davidson Hall, Room 116  Rev. 11/16/09