The United States Sports Academy
One Academy Drive
Daphne, Alabama 36526
Phone: (251) 626-3303
Fax: (251) 625-1035
http://www.ussa.edu
E-Mail: registrar@ussa.edu

Withdrawal Form

Date: _____

Please Select One: □ Course(s) Withdrawal □ Institutional Withdrawal

Student's Name: _____
Last Name Jr. I, II First Name Middle Name (Maiden)

Student Address: _____
Street, P O or Box

_____
City State Zip

Reason for Withdrawal: _____

Are you:
Receiving Financial Aid □ Yes □ No

Note: If you checked "Yes" to receiving Financial Aid, and have been enrolled less than 68 days in your course, it is the responsibility of the student to contact the Director of Financial Aid at www.financialaid@ussa.edu prior to withdrawing for return of Financial Aid (Return of Title IV) fund calculations.

A grade of "W" will be recorded as the final grade.

Dept. /Course Number	Title	Hours	Grade

Student's Signature: _____ Date: _____

Registrar's Signature: _____ Date: _____