

LOUISIANA STATE UNIVERSITY EUNICE
OFFICE OF THE REGISTRAR

RESIGNATION FORM

NAME _____
 LAST FIRST MIDDLE/MAIDEN

STUDENT ID NUMBER

SEMESTER/YEAR

I wish to resign for the following reason(s):
(If additional space is needed, please attach typed sheet to this form)

STUDENT SIGNATURE

REGISTRAR'S OFFICE

Date: _____

Date: _____

Student to Receive No Grade(s)

Student to Receive Grade(s) of W

The effective date of resignation is the date the form is returned to the Office of Student Records.