



Office of  
**Registrar**

**RESIGNATION FORM**

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle/Maiden Name:** \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_

**Semester/Year:** \_\_\_\_\_

**I wish to resign for the following reason(s):**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registrar's Office:** \_\_\_\_\_ **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. Once completed, and signed, please e-mail to **registrar@lsue.edu**. You are strongly advised to check with the Financial Aid Office to determine if resigning could impact future financial eligibility.