

**LOUISIANA STATE UNIVERSITY EUNICE**  
**OFFICE OF THE REGISTRAR**

**RESIGNATION FORM**

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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:

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.