

J _____

SUNY Jefferson Community College

Withdrawal Form/Total Withdrawal Form

****Withdrawals are not effective until processed by the Enrollment Services Office****
Form must be submitted to the Enrollment Services office prior to the close of business on the deadline date to be processed.

Effective Term of Withdrawal: _____

Today's Date: _____

Name: _____
 Address: _____

Student ID Number: _____
 Date of Birth: _____

Degree program: _____

Are you a part time or full time student? _____

Primary reason for withdrawal - Required

- a. Work schedule conflict
- b. Academic difficulty
- c. Relocating
- d. Health and medical concerns
- t. Technical difficulties

- e. Financial difficulties
- f. Career goals uncertain
- g. Child care issue
- h. Other: Please indicate reason here:

Are you withdrawing from all courses? Yes ___ No ___

If yes, do you plan to return to JCC later this semester? Yes ___ No ___

Are you an East Hall residential student? Yes ___ No ___

If yes, student must meet with the Dean of Students and receive a signature prior to the withdrawal date deadline.

Are you a student-athlete? Yes ___ No ___

If yes, student must meet with the Athletic Director and receive a signature prior to the withdrawal date deadline.

Course(s) you wish to withdraw from:

CRN	Course	Office use only: Refund due or Final grade of "W"	CRN	Course	Office use only: Refund due or Final grade of "W"

Adjustments to a student's schedule, including withdrawals, may affect financial aid and/or billing. All unpaid financial obligations may be assigned to an external collection agency. Collection and related legal costs will be added to the amount of indebtedness and will be the responsibility of the student.

Student Signature

Academic Advisor - required for *any* withdrawal

Financial Services - required for *total* withdrawal

Dean of Students - required for any *residential student* withdrawal

Athletic Director - required for any *student-athlete* withdrawal

For office use only: Enrollment Services received on: _____ Initials: _____
 Financial aid/ billing reviewed by: _____ Date: _____