```
_ _ _ _ _ _ _
```

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:_____   Student ID Number:_____
Address:_____   Date of Birth:_____

Degree program: _____   Are you a part time or full time student?

Primary reason for withdrawal - <u>Required</u>
__a. Work schedule conflict   __e. Financial difficulties
__b. Academic difficulty   __f. Career goals uncertain
__c. Relocating   __g. Child care issue
__d. Health and medical concerns   __h. Other: Please indicate reason here:
   t. Technical difficulties
                                        i. COVID-19 issues

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 indebetedness and will be the responsibility of the student

_____   _____
Student Signature   **Academic Advisor** – <u>required for *any* withdrawal</u>

Financial Services-<u>required for *total* withdrawal</u>   **Dean of Students** – <u>required for any *residential student* withdrawal</u>

Athletic Director – <u>required for any *student-athlete* withdrawal</u>

For office use only   Enrollment Services received on: _____ Initials: _____
Financial aid/ billing reviewed by:_____   Date:_____   Revised 3/25/20