

State University of New York College at Cortland

<i>Last Name</i>	<i>First Name</i>	<i>Initial</i>	<i>Cortland ID Number</i>
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Telephone</i>	<i>Work Telephone</i>	<i>E-mail Address</i>	
<i>Program/Degree (CAS, MA, MAT, MS, MSED, MST)</i>		<i>Major</i>	<i>Concentration (if applicable)</i>

OFFICIAL GRADUATE WITHDRAWAL from COLLEGE

Director of Graduate Studies Approval is REQUIRED

Pursuant to New York State law (302.1, Title 8), students with outstanding financial obligations to the College are denied transcript service, readmission, registration and other college services. A grade of "W" will be assigned to each course during the semester in which the student leaves or withdraws from SUNY Cortland, unless a "quarter course" grade has been previously assigned. Financial Liability will be based on the "effective date" of the withdrawal.

Reason(s) you are withdrawing from SUNY Cortland: _____

I understand it is in my best interest to meet with a Financial Aid Counselor before leaving SUNY Cortland.

I have met with a Financial Aid Counselor I choose **not** to meet with a Financial Aid Counselor

Student Signature _____ *Date* _____

Additional Comments: _____

Director of Graduate Studies _____ *Date* _____

To be completed by the Financial Aid Office IF "MEDICAL WITHDRAWAL" is recommended above:

Process as: **REGULAR** **MEDICAL** *Director's Signature* _____ *EFFECTIVE date* _____

Effective Date of Withdrawal: _____

DISTRIBUTION of Copies: _____ *Student* _____ *Department* _____ *Graduate Studies* _____ *Bursar* _____ *Financial Aid*