

OFFICIAL WITHDRAWAL FROM COLLEGE

Please PRINT the following:

Student Name: _____ Cortland ID Number: C00- _____
 Permanent Address: _____ Telephone Number: _____
 City: _____ State: _____ Zip: _____ E-mail: _____
 Degree: BA BFA BS BSED Major: _____

Please read and complete all steps below.

1. **Associate Dean approval is REQUIRED.**
2. **Financial obligations:** 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. Financial Liability will be based on the "effective date" of the withdrawal.
3. **Grades:** 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.
4. **Reason(s) for withdrawing from SUNY Cortland (rank top three reasons, 1 = most important):**

___ Academic difficulty	___ Medical
___ Courses not offered / available	___ Moving / relocating
___ Dissatisfied with SUNY Cortland environment	___ Personal / family factors
___ Dissatisfied with Support Services	___ Program / major not offered or available
___ Employment	___ Return Home (academic, financial and/or geographic reasons)
___ Financial	___ Transferring to another college:
___ Military	_____
	<i>School Major</i>
5. **Financial Aid:** It is in the student's best interest to meet with a Financial Aid Counselor before leaving SUNY Cortland. Check one of the statements:
 I have met with a Financial Aid Counselor I choose **not** to meet with a Financial Aid Counselor
6. **Comments:** _____

7. **Student Signature:** _____ Date: _____

Associate Dean Signature: _____ Date: _____
 Effective Date of Withdrawal: _____ Hold for end of semester: Yes No

 To be completed by the Financial Advisement Office IF "MEDICAL WITHDRAWAL" is recommended.
 Process as: Regular Medical Director's Signature: _____ Effective Date: _____