

Student Name: _____

Preferred Name: _____

Student ID #: _____

Email Address _____ Daytime phone _____

Address: _____

Instructions: Use this form only if you intend to withdraw from one or all of your courses at Schenectady County Community College. Your withdrawal is effective the date this form is processed by the Registrar's Office.

Please indicate the term and specific courses you are requesting to withdraw from in the table below.

| Select one | Specify term | Specify name of course to be withdrawn from |
|--|--------------|---|
| <input type="radio"/> I am withdrawing from all the courses in this term | | ALL COURSES FROM THIS TERM* Signature from Academic Advisement Center strongly recommended. |
| <input type="radio"/> I am withdrawing from only the courses listed in this term | | |
| *Academic Advisement Signature: _____ | | |

Your withdrawal and the timing of your withdrawal may have an impact on the following:

- Enrollment status
- Satisfactory academic progress (SAP)
- Student account
- Federal, state, and institutional grants, loans, scholarships, and third-party sponsorships

Submit the completed form either:

In Person at the Registrar's Office
Elston Hall 212/215

OR

By email using your secure SUNY
Schenectady email account to:
 registrar@sunysccc.edu

Your signature affirms your request to withdraw from your course(s) at Schenectady County Community College. If you receive any form of financial aid, including grants, loans, scholarships, and third-party sponsorships, you understand that your decision to withdraw may impact your financial aid for the current and future terms. You also understand that, depending on the timing of your withdrawal, you may incur financial liability for the current term and your enrollment status may be affected. Your withdrawal is effective the date this form is processed by the Registrar's Office.

 Student Signature

 Date

-For Office Use Only-

Processed by: _____ Date: _____ Refund: _____