

J \_\_\_\_\_

**SUNY Jefferson Community College**

**Withdrawal Form/Total Withdrawal Form**

**\*\*Withdrawals are not effective until processed by the Student Records Office\*\***  
*Form must be submitted to Student Records 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 - 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
<i>If yes, student must meet with the Dean of Students and receive a signature prior to the withdrawal date deadline.</i>	
Are you a student-athlete?	Yes **** No
<i>If yes, student must meet with the Athletic Director and receive a signature prior to the withdrawal date deadline.</i>	

**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"

I understand that any adjustment made to my schedule may have financial aid/billing implications and I am responsible for all college related financial obligations. Also, I understand I can request counseling from Financial Services at JCC in regards to my financial aid/student loans.

_____ <b>Student Signature</b>	_____ <b>Academic Advisor - required for <i>any</i> withdrawal</b>
_____ <b>Financial services-<i>required for total</i> withdrawal</b>	_____ <b>Dean of Students - required for <i>any residential student</i> withdrawal</b>
_____ <b>Athletic Director - required for <i>any student-athlete</i> withdrawal</b>	

For office use only: Student records received on: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Financial aid/ billing reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_