

J \_\_\_\_\_

**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 - 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"

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 indebtedness and will be the responsibility of the student.

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

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