

COLLEGE CONNECTIONS

INDIVIDUAL COURSE WITHDRAWAL REQUEST FORM

Use this form to withdraw from a single class before the withdrawal deadline.

| | | | |
|---------------------------------|--|-------------------------|--|
| STUDENT NAME | | J-NUMBER OR SSN | |
| HIGH SCHOOL | | SEMESTER (check one) | <input type="checkbox"/> Full Year <input type="checkbox"/> Fall <input type="checkbox"/> Spring |
| COURSE NUMBER (ie: ENG 1510) | | CRN (4-digit number) | |

You must discuss the following items with the course instructor and/or your counselor:

- Your reason for withdrawing and what actions you could take to stay enrolled and be successful in this class.
- Whether this class is a corequisite or prerequisite for another course you are currently taking or plan to take, and how it may affect your schedule.

STUDENT SIGNATURE: _____ DATE: _____

INSTRUCTOR SIGNATURE: _____ DATE: _____

GUIDANCE SIGNATURE: _____ DATE: _____

Send signed form to LynnKlingensmith@mail.sunyjcc.edu. An email confirmation will be sent.

Completion and submission of this form by the specified deadline entitles the student a grade of "W" (withdrawal).
STUDENTS NOT WITHDRAWING ON OR BEFORE THE LAST DAY TO WITHDRAW MUST RECEIVE A FINAL GRADE.

(Total Course Withdrawal form on reverse)

COLLEGE CONNECTIONS

TOTAL COURSE WITHDRAWAL REQUEST FORM

Use this form to withdraw from all classes in a term before the last day of classes prior to final exams.

| | | | |
|---------------------|--|-----------------------------|--|
| STUDENT NAME | | J-NUMBER OR SSN | |
| HIGH SCHOOL | | STUDENT PHONE NUMBER | |

I authorize the college to withdraw me from all of my present term courses: Full Year Fall Spring

Reasons for withdrawal (check all that apply):

- Academic-related reasons
- Health/medical concerns (personal or family)
- Moving from district
- Other: _____

STUDENT SIGNATURE: _____ **DATE:** _____

GUIDANCE SIGNATURE: _____ **DATE:** _____

INSTRUCTOR SIGNATURE: _____ **DATE:** _____

INSTRUCTOR SIGNATURE: _____ **DATE:** _____

INSTRUCTOR SIGNATURE: _____ **DATE:** _____

INSTRUCTOR SIGNATURE: _____ **DATE:** _____

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STUDENTS NOT WITHDRAWING ON OR BEFORE THE LAST DAY TO WITHDRAW MUST RECEIVE A FINAL GRADE.

(Individual Course Withdrawal form on reverse)