



**Withdrawal from courses after the deadline is granted only for compelling, non-academic reasons (e.g., medical/emotional problems, family crises, work-related difficulties). Documentation is required. NON-ATTENDANCE IN A COURSE IS NOT A COMPELLING, NON-ACADEMIC REASON. The compelling, non-academic reason for my request is:**

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**The following documents \_\_\_\_\_ are attached / \_\_\_\_\_ will be mailed to support my request:**

**1.** \_\_\_\_\_  
**2.** \_\_\_\_\_  
**3.** \_\_\_\_\_

**In the event that you are applying to withdraw from less than all of your courses – THE REASON I HAVE GIVEN FOR REQUESTING WITHDRAWAL FROM THIS COURSE(S) DOES NOT APPLY TO ALL MY COURSES BECAUSE:**

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**My attendance in this course has been: \_\_\_\_\_ Regular \_\_\_\_\_ Occasional \_\_\_\_\_ Stopped attending on \_\_\_\_\_.**

**My approximate grade in this course(s) so far is \_\_\_\_\_.**

**This course is required for:**

\_\_\_\_\_ **General Education** \_\_\_\_\_ **Major**  
\_\_\_\_\_ **Other (please describe)** \_\_\_\_\_

**I \_\_\_\_\_ am on academic probation. I \_\_\_\_\_ am not on academic probation.**

**I did not withdraw prior to the deadline because:**

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\_\_\_\_\_  
**Signature/Date**

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**OFFICE OF THE DEAN - COLLEGE OF LIBERAL ARTS AND SCIENCES**  
**JFT 610 – Phone: 845-257-3522 – Fax: 845-257-3693**  
**INSTRUCTOR'S COMMENTS & RECOMMENDATIONS: WITHDRAWAL AFTER DEADLINE**

Date \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ ID # \_\_\_\_\_

COURSE (Title/Number/Section) \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_ FACULTY ADVISOR \_\_\_\_\_

***(THE ABOVE INFORMATION SHOULD BE COMPLETED BY THE STUDENT)***

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**To The Instructor:** The above student has asked to withdraw after the deadline from the course(s) indicated above. Such withdrawals are granted only for compelling, non-academic reasons. Your assessment of the student's overall academic standing and progress, as well as whatever non-academic factors may be influencing his/her performance in this course, is essential to reviewing this request. Please discuss the request with the student in light of his/her overall academic standing and return this form to the Office of the Dean, Liberal Arts and Sciences, JFT 608, within one week of its receipt. **THE REQUEST CANNOT BE REVIEWED UNTIL THIS FORM IS RETURNED.**

The student may also request your signature on a Course Withdrawal Form. **IF YOU DO NOT WISH TO SIGN THE COURSE WITHDRAWAL FORM, PLEASE GIVE YOUR REASONS ON THIS FORM AND RETURN IT AS INDICATED ABOVE.**

**1. Attendance:**

The student has attended the class:

\_\_\_\_\_ regularly \_\_\_\_\_ occasionally \_\_\_\_\_ never \_\_\_\_\_ I do not keep records.

**2. Academic Evaluation:**

	DATE	LETTER GRADE	% OF GRADE
Exams	_____	_____	_____
Quizzes	_____	_____	_____
Lab	_____	_____	_____
Other	_____	_____	_____

**3. Have you ever recommended the student withdraw from the course? When?** \_\_\_\_\_

**4. Has the student given you any reason to believe, prior to giving you this form, that non-academic factors are influencing performance in the course? \_\_\_\_\_ If so, what reasons were given?**

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**5. Additional comments (Optional):**

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**6. Recommendation (Optional):** \_\_\_\_\_ I recommend withdrawal \_\_\_\_\_ I recommend against withdrawal.  
\_\_\_\_\_ I prefer not to make a recommendation.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
12/06

**OFFICE OF THE DEAN - COLLEGE OF LIBERAL ARTS AND SCIENCES**  
**JFT 610 – Phone: 845-257-3522 – Fax: 845-257-3693**  
**ADVISOR'S COMMENTS & RECOMMENDATIONS: WITHDRAWAL AFTER DEADLINE**

Date \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ ID # \_\_\_\_\_

COURSE (Title/Number/Section) \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_ FACULTY ADVISOR \_\_\_\_\_

*(THE ABOVE INFORMATION SHOULD BE COMPLETED BY THE STUDENT)*

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**To Advisor: The above student has requested a withdrawal after deadline from a course or courses. Such withdrawals are granted only for compelling, non-academic reasons. The information requested on this form is essential to reviewing the student's request. This form is to be returned to the Office of the Dean, Liberal Arts and Sciences, JFT 608, within one week of its receipt from the student. THE REQUEST CANNOT BE REVIEWED UNTIL THIS FORM IS RETURNED.**

**The student may also request your signature on a Course Withdrawal Form. IF YOU DO NOT WISH TO SIGN THE COURSE WITHDRAWAL FORM, PLEASE GIVE YOUR REASONS ON THIS FORM AND RETURN IT AS INDICATED ABOVE.**

**1. Have you ever recommended that the student withdrawal from this course? \_\_\_\_\_**  
**If so, when? \_\_\_\_\_**

**2. Has the student given you any reason to believe, prior to giving you this form, that non-academic factors were influencing his/her performance in this course? \_\_\_\_\_**  
**If so, what reasons were given (Optional):**

\_\_\_\_\_

\_\_\_\_\_

**3. Additional Comments (Optional):**

\_\_\_\_\_

\_\_\_\_\_

**4. Recommendation (Optional):**

\_\_\_\_\_ I recommend withdrawal \_\_\_\_\_ I recommend against withdrawal

\_\_\_\_\_ I prefer not to make a recommendation

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

12/06

**OFFICE OF THE DEAN - COLLEGE OF LIBERAL ARTS AND SCIENCES**  
**JFT 610 – Phone: 845-257-3522 – Fax: 845-257-3693**  
**DOCUMENTATION - WITHDRAWAL AFTER DEADLINE**

Date \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ ID # \_\_\_\_\_

COURSE (Title/Number/Section) \_\_\_\_\_

I authorize the person(s) named to provide the requested information.

Signature: \_\_\_\_\_

**THE TOP PORTION OF THIS FORM IS TO BE COMPLETED BY THE STUDENT PRIOR TO FORWARDING TO THE PROPER AUTHORITIES FOR COMPLETION.**

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**To Whom It May Concern:** The above student has asked to withdraw after deadline from the course(s) indicated. College policy states that such withdrawals are granted for compelling, non-academic reasons only – for example, medical/emotional problems, family crises, work- related difficulties, etc. The student is presenting you with this form in order to provide documentation of these reason for his/her request. The information requested is needed to review the request in a fair and informed manner. By presenting you with this signed form, the student has consented to the release of the information requested. Your cooperation in providing this information is appreciated by the student and the College. Please return the completed form to the Office of the Dean, Liberal Arts and Sciences, JFT 608, New Paltz, NY 12561. **THE STUDENT'S REQUEST CANNOT BE CONSIDERED UNTIL THIS FORM IS RECEIVED.**

**Part I: MEDICAL DOCUMENTATION** (College Health Center, Personal Physician, College Counseling Center, etc.)

1. Briefly describe the medical or emotional problem of the student.

\_\_\_\_\_

2. How many times have you seen the student about this condition: \_\_\_\_\_

Date of first visit: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Treatment will continue until: \_\_\_\_\_

3. Have you ever recommended to the student that they withdraw from the course or lighten their academic responsibilities prior to receiving this form?  Yes  No

4. In your opinion, is there a connection between the problem described above and the student's academic performance in this course?  Yes  No

5. Other comments: \_\_\_\_\_

\_\_\_\_\_

6. Recommendation (Optional):

I recommend withdrawal  I recommend against withdrawal

I prefer not to make a recommendation

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

**Part II: EMPLOYER DOCUMENTATION**

1. The student has been employed by me since \_\_\_\_\_
2. He/she works \_\_\_\_\_ hours/week on the following days: \_\_\_\_\_
3. His/her work schedule has \_\_\_\_\_, has not \_\_\_\_\_ changed since \_\_\_\_\_
4. If his/her work schedule has changed, please describe how:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
NAME/POSITION \_\_\_\_\_ FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**PART III: DOCUMENTATION OF FAMILY OR OTHER CRISIS**

Please describe the situation concerning the student which has led to problems in meeting his/her academic responsibilities this term or in this particular course.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
RELATIONSHIP TO STUDENT \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_