# OFFICE OF THE DEAN College of Liberal Arts and Sciences JFT #606 Phone: 845-257-3522 Fax: 845-257-3517

#### REQUEST FOR WITHDRAWAL AFTER DEADLINE

Fall	Spring	Summer	20	
Name			ID #	Date
(Last)		(First)		
Local Mailing Ad	dress			Local Phone
Permanent Addr	ess			Home Phone
Email address				
Course(s) from v	which you wish t	o withdraw:		
• • •	,		(Title)	
(Number)		(Section)	(Instructor)	

#### NOTE: ALL REQUESTS MUST BE ACCOMPANIED BY A CURRENT TRANSCRIPT

- **1.** Before your request can be reviewed, this form must be completed and returned to the Dean's Office with a copy of your current transcript. In addition, the following are required:
  - (A) The attached form, to be filled out by your instructor (s) and mailed to the Dean's Office;
  - (B) The attached form to be filled our by your faculty advisor and mailed to the Dean's Office;
  - (C) The attached documentation form, to be filled out by the person to whom you give it and returned to this office, preferably by mail.

## YOUR REQUEST CANNOT BE REVIEWED UNTIL ALL THESE FORMS ARE RETURNED.

- **2.** An interview with the Associate Dean *may* be required in order to complete your application. If so, you will be notified by telephone or email.
- **3.** A decision will be made shortly after your application is complete, and you will be notified of it via telephone, email or mail.

YOU SHOULD CONTINUE ATTENDING CLASSES UNTIL YOU FIND THAT THE WITHDRAWAL HAS BEEN APPROVED – AS IT MAY NOT BE.

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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: The following documents \_\_\_\_\_ are attached and will be mailed to support my request: 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:** My attendance in this course has been: \_\_\_\_\_Regular \_\_\_\_\_Occasional \_\_\_\_\_Stopped Attending on\_\_\_\_\_ My approximately grade in this course(s) so far is\_\_\_\_\_\_. This course is required for: \_\_\_\_\_General Education \_\_\_\_\_Major \_\_\_\_Other (please describe) \_\_\_\_\_ am on academic probation. I \_\_\_\_\_am *not* on academic probation. I did not withdraw prior to the deadline because: Signature Date I understand that there might be financial implications in withdrawing from courses and it is my responsibility to meet with Student Accounts about this. I understand I am still financially liable for any courses from which I withdraw". Signature Date

#### **College of Liberal Arts and Sciences**

JFT #606 Phone: 845-257-3522 Fax: 845-257-3517 INSTRUCTOR'S COMMENTS & RECOMMENDATIONS: WITHDRAWAL AFTER DEADLINE

DATE_				_
STUDENT NAME			ID #	
COURS	SE (Title	/Number/Sectior	n)	
INSTR	UCTOR			FACULTY ADVISOR
		(THE ABOVE	E INFORMATION SHOULD BE	COMPLETED BY THE STUDENT) ********
Such wi academ in this c overall a one wee	thdrawal ic standir ourse, is academic ek of it's r	s are granted onling and progress, sessential to revieus standing and retreceipt. THE REQualso request you	y for compelling, non-acade as well as whatever non-aca ewing this request. Please d curn this form to the Office of EUEST CANNOT BE REVIEWE or signature on a Course Wit	after the deadline from the course(s) indicated above. The student's overall ademic factors may be influencing his/her performance iscuss the request with the student in light of his/her of the Dean, Liberal Arts & Sciences, JFT #610, within D UNTIL THIS FORM IS RETURNED.  Charaval Form. IF YOU DO NOT WISH TO SIGN THE
				ON THIS FORM AND RETURN AS INDICATED ABOVE.
1.	Attend	lance: The stud	dent has attended the class	RegularlyOccasionallyNeverI do not keep records  Last date attended
2. 5vama		mic Evaluation DATE	n: Letter grade	% OF GRADE
Exams Quizze Lab Other				
3.	Have y	ou ever recor	mmended the student	withdraw from the course? When?
4. non-ad were ç	cademic			pelieve, prior to giving you this form, that the course?If yes, what reasons
5.	Additio	onal comment	ts (Optional):	
6.	Recomp	nendation (Option	nal)· I recommend	withdrawalI recommend against withdrawal
<b>.</b>	ACCOUNT	Toridation (Option		o make a recommendation
D - 1 -			C: mm a truma	

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<u>ADVISOR'S COMMENTS & RECOMMENDATIONS: WITHDRAWAL AFTER DEADLINE</u>

DATE		<del></del>	
STUDENT NAME		ID #	
COUR	SE (Title/Number/Section)		
INSTI	RUCTOR	FACULTY ADVISOR	
	(THE ABOVE INFO	PRMATION SHOULD BE COMPLETED BY THE STUDENT)  ***********************************	
Such wis esse JFT #6	vithdrawals are granted only for contial to reviewing this request. The solution one week of its receipted the may also request your signates.	requested a withdraw after the deadline from the course(s) indicated above compelling, non-academic reasons. The information requested on this form his form is to be returned to the Office of the Dean, Liberal Arts & Sciences, t. THE REQUEST CANNOT BE REVIEWED UNTIL THIS FORM IS RETURNED.  ature on a Course Withdrawal Form. IF YOU DO NOT WISH TO SIGN THE GIVE YOUR REASONS ON THIS FORM AND RETURN AS INDICATED ABOVE.	
1.	Have you ever recommended that the student withdraw from this course?  If so, when?		
		ou any reason to believe, prior to giving you this form, that noting performance in the course?If yes, what reasons	
5.	Additional comments (Op	otional):	
6.	Recommendation (Optional):	I recommend withdrawalI recommend against withdrawalI prefer not to make a recommendation	
Date		Signature	

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<u>DOCUMENTATION</u> - WITHDRAWAL AFTER DEADLINE

DATE_					
STUDE	ENT NAME		ID#		
COUR	SE (Title/Number/Section)				
I AUTI	HORIZE THE PERSON(S) I	NAMED TO PROVIDE T	HE REQUESTI	ED INFORM	MATION.
(7	THE ABOVE PORTION IS TO BE CO	OMPLETED BY THE STUDENT AUTHORITIES FOR COMPL	ETION)	VARDING TO 1	THE PROPER
indicate reasons you wit is neede student is appre	m It May Concern: The above set above. College policy states is only – Medical/Emotional Probe that is form in order to provide ded to review the request in a fair has consented to the release of eciated by the student and The Cociences, JFT #610. THE STUDE	that such withdrawals are golems, Family Crises, Work-Flocumentation of the reasor rand informed manner. By f the information requested College. Please return the c	ranted only for one classed Difficultions for his/her recorded presenting your cooperations that the cooperations is not be considered form the cooperations and the cooperations is not be completed form the cooperations and the cooperations is not be cooperated.	compelling, no es, etc. The s quest. The inf with this sign ion in providir o the Office o	on-academic tudent is presenting formation requested ed form, the ng this information f the Dean, Liberal
Part 1:	MEDICAL DOCUMENTATION (C	ollege Health Center, Person	nal Physician, Co	ollege Counsel	ling Center, etc.)
1.	Briefly describe the med	lical or emotional prob	lem of the st	udent.	
<ol> <li>3.</li> </ol>	How many times have you bate of First Visit Treatment will continue  Have you ever recomme	Date of L until: ended that the student	ast visit  withdraw fro		
their a	academic responsibilities	prior to receiving this		 es	No
4. studei	In your opinion, is there nt's academic performanc			described	above and the
5. 	Other comments:				
6.	Recommendation (Optional):	I recommend witho			against withdrawal
Date_		Signature			
Name		License #			<del></del>
Δddre	ec				

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Part 2: EMPLOYER DOCUMENTATION

1.	The student has been employed by me since		
2.	He/she workshours pe	er week on the following days:	
3.	His/her work schedule hasha	s notchanged since	
4.	4. If his/her work schedule has changed, please describe how below.		
Date		Signature	
		-	
Nam	e/Position	Firm	
Addr	ess	Phone	
Pleas his/h	ner academic responsibilities th	LY OR OTHER CRISIS  rning the student which has led to problems in meeting is term or in this particular course.	
Date		Signature	
Relat	tionship to Student		
Addr	ess	Phone	