

OFFICE OF THE DEAN
College of Liberal Arts and Sciences

JFT #606 Phone: 845-257-3522 Fax: 845-257-3517

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:
#

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:**

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)

I _____ 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

OFFICE OF THE DEAN
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JFT #606 Phone: 845-257-3522 Fax: 845-257-3517
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)

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 & Sciences, JFT #610, within one week of it's 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 AS INDICATED ABOVE.**

1. **Attendance:** The student has attended the class _____ Regularly _____ Occasionally _____ Never _____
 _____ I do not keep records
 Last date attended _____

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 yes, what reasons were given.

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

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

Date _____ Signature _____

OFFICE OF THE DEAN
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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)

To The Advisor: The above student has requested a withdraw after the deadline from the course(s) indicated above. Such withdrawals are granted only for compelling, non-academic reasons. The information requested on this form is essential to reviewing this request. This form is to be returned to the Office of the Dean, Liberal Arts & Sciences, JFT #610, 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 AS INDICATED ABOVE.**

1. Have you ever recommended that the student withdraw 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 are influencing performance in the course? ____ If yes, what reasons were given.

5. Additional comments (Optional):

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

Date _____ Signature _____

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JFT #606 Phone: 845-257-3522 Fax: 845-257-3517
DOCUMENTATION - WITHDRAWAL AFTER DEADLINE

DATE _____

STUDENT NAME _____ ID # _____

COURSE (Title/Number/Section) _____

I AUTHORIZE THE PERSON(S) NAMED TO PROVIDE THE REQUESTED INFORMATION.

*(THE ABOVE PORTION IS TO BE COMPLETED BY THE STUDENT PRIOR TO FORWARDING TO THE PROPER
AUTHORITIES FOR COMPLETION)*

To Whom It May Concern: The above student has requested a withdraw after the deadline from the course(s) indicated above. College policy states that such withdrawals are granted only for compelling, non-academic reasons only – Medical/Emotional Problems, Family Crises, Work-Related Difficulties, etc. The student is presenting you with this form in order to provide documentation of the reasons 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 & Sciences, JFT #610. **THE STUDENT'S REQUEST CANNOT BE REVIEWED UNTIL THIS FORM IS RECEIVED.**

Part 1: 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 that the student withdraw from this 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 _____

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Part 2: EMPLOYER DOCUMENTATION

1. The student has been employed by me since_____.
2. He/she works _____hours per 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 below.

Date_____ Signature_____

Name/Position_____ Firm_____

Address_____ Phone_____

Part 3: 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_____