

GRADUATE WITHDRAWAL FROM COLLEGE

Name		Date		
Email Address		Studen	t ID	N
Program of Study		Advisor	r	
<u></u>				
This form is used by students wishing to terminate matriculation in to New Paltz and must reapply for admission if they wish to return. Re Students wishing to only withdraw from courses for a single semeste Leave of Absence request form.	-admission is no	t guaranteed.		
Transcript Notations				
Students who request a withdrawal or leave of absence from the Colliwithout transcript notation. Students who request a withdrawal or lea a W will be listed on the transcript.				
Financial Implications Withdrawal and leave of absence may affect students' financial obliga	ations.			
All students, whether or not they receive aid,	, must obtain d	a signature from the Office of Stud	dent A	ccounts, WH 114
Future federal Financial Aid may be affect by excessive "W" grades. co or withdrawal may have on your progress toward the degree. S Loan Coordinator, WH 124, for an exit interview.				
Withdrawal from College				
I do not intend to return to SUNY New Paltz or I am planning more the understand that if I decide to later return to the college, I must re-ap		Term of Withdrawal:		
StudentSignature:			Date:_	
Briefly describe your reason for requesting a with	ndrawal fro	m SUNY New Paltz		
Required Approvals It is the student's responsibility to obtain the required approvals below	prior to bringin	g it to the Office of Graduate, Professio	onal & I	Interdisciplinary Studies.
Program Approval		International Programs		
Advisor or Program Coordinator (REQUIRED)	Date	If Applicable		Date
Residence Life		Last Date in Residence		
If Applicable	Date	If Applicable		Date
Request Approved Request Denied				
Graduate Dean		Student Accounts		
(REQUIRED)	Date	(REQUIRED)		Date