



Office of Records & Registration, WH115
500 Hawk Drive, New Paltz, NY 12561-2439
Tel: 845-257-3100 Fax: 845-257-3103

WITHDRAWAL FROM COLLEGE

**Please return completed form to
the Office of Records & Registration**

COMPLETE THIS FORM, provide a brief explanation for this request and **secure all applicable signatures.**

Information about policies and procedures for college withdrawal can be found in the undergraduate catalog www.newpaltz.edu/ugc/policies/policies_withdrawal.html. Warning: By submitting this form, the student understands that the intention is to sever all affiliations with the College.

Please PRINT ALL INFORMATION:

_____ First Name		_____ Last	_____ MI	<table border="1"><tr><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Student ID	N							
N												
Current Address:				Current Major: _____								
_____ Street		_____ Apt. No.		_____ New Paltz E-mail								
_____ City	_____ State	_____ Zip Code		(_____) _____ Telephone Number								

☒ **WITHDRAWAL FROM COLLEGE**

Semester withdrawal takes place ☐ fall ☐ spring Year _____

If you do not intend to return to SUNY New Paltz or are planning more than two semesters away, you should request a WITHDRAWAL FROM COLLEGE. You will then have to apply for readmission in order to return. In this case, you may be subject to updated general education, major and degree requirements. Courses taken at another institution do not need prior approval but will be evaluated for possible transfer credit at the time of readmission. **Readmission is not guaranteed and is subject to the admission criteria in place at the time you reapply.**

EFFECTIVE DATE OF WITHDRAWAL FROM COLLEGE:

- ☐ Before academic grades are received _____ (this will result in "W" grades on your official transcript)
Effective Date
- ☐ After academic grades are received _____ (this will result in a letter grade [A, B, C, D, F] on your official transcript)
Effective Date

SELECT REASON FOR WITHDRAWAL FROM COLLEGE: ☐ Academic Research ☐ Psychological
☐ Administrative Leave ☐ Employment ☐ Financial ☐ Housing ☐ Maternity/Paternity ☐ Medical ☐ Judicial
☐ Military ☐ Personal/Family ☐ Educational Leave ☐ Temporary Transition/Study Abroad ☐ Other _____

Briefly describe your reason for requesting a withdrawal:

Please read and acknowledge the following: Submitting this form after the course withdrawal period has begun will result in a "W" grade for your classes unless a grade has already been awarded.

The New Paltz transcript will include a notation to indicate withdrawal from college.

There may be academic and financial implications for this decision. You may exhaust your grace period for student loan repayment if you withdraw from college.

Federal Aid may be adjusted based on the percentage of the semester completed, possibly resulting in a balance being owed to the College. This is known as a Title IV Recalculation. Future federal aid may be affected by excessive "W" grades. Consult with Student Financial Services, WH 124, for detailed information on the effect of your leave or withdrawal on your progress towards degree and aid eligibility. Direct Loan borrowers must complete exit counseling with Student Financial Services or online at studentloans.gov.

Excelsior Scholarship recipients may lose eligibility for the current or future semesters, depending on the timing and circumstances of the withdrawal. Consult Student Financial Services for additional information.

Students who receive state or federal loans and are withdrawing, must contact the Student Loan Coordinator, WH 124, for an exit interview.

Students who receive support from the Tuition Assistance Program (TAP) should contact the Office of Student Accounts to determine the financial impact of the withdrawal from college.

Student's Full Name

N									
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Student ID

Obtain all applicable signatures before returning this form.

☐ Educational Opportunity Program Participant

☐ Advancing Completion through Engagement Participant

Signature of EOP Advisor

Initial date of contact by student*

Signature of ACE Advisor

Initial date of contact by student*

☐ International Student

☐ Military Affiliated Student

Signature of International Advisor

Initial date of contact by student*

Signature of OVMS Staff

Initial date of contact by student*

☐ On Campus Resident Student Last date in residence: _____

Signature of Director of Residence Life

Initial date of contact by student*

All students, whether or not they receive aid, must obtain a signature from the Office of Student Accounts, WH 114.

Signature (REQUIRED)

Initial date of contact by student*

By signing this form, I am certifying that I understand the conditions of this request.

Student's Signature

Date

Return completed and signed form to the Registrar (WH 115) for final approval

Registrar's Signature

Initial date of contact by student*

* This is the date the student first contacted your office about this withdrawal.

Special Circumstances Refund Request

For students withdrawing from all classes prior to the midpoint of the semester only. Students who withdraw from college prior to the course withdrawal period for circumstances beyond their control, may contact Students Accounts (stuacct@newpaltz.edu) to see if a refund request is applicable. All questions about refunds should be directed to Student Accounts stuacct@newpaltz.edu.