

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Email Address \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address: \_\_\_\_\_

**Instructions:** Use this form only if you intend to withdraw from one/all of your courses at Schenectady County Community College. Your withdrawal is effective the date this form is processed by the Registrar's Office.

Please indicate the term and specific courses you are requesting to withdraw from in the table below.

Select one	Specify term	Specify name of course to be withdrawn from
<input type="radio"/> I am withdrawing from all the courses in this term		<b>ALL COURSES FROM THIS TERM*</b> Signature from Academic Advisement Center strongly recommended.
<input type="radio"/> I am withdrawing from only the courses listed in this term		
*Academic Advisement Signature: _____		

Your withdrawal and the timing of your withdrawal may have an impact on the following:

- Enrollment status
- Satisfactory academic progress (SAP)
- Student account
- Federal, state, and institutional grants, loans, scholarships, and third party sponsorships

Submit the completed form either:

**In Person at the Registrar's Office**

**Elston Hall 212/215**

**OR**

By email using your secure SUNY

**Schenectady email account to:**

registrar@sunysccc.edu

---

*Your signature affirms your request to withdraw from your course(s) at Schenectady County Community College. If you receive any form of financial aid, including grants, loans, scholarships, and third party sponsorships you understand your decision to withdraw may impact your financial aid for the current and future terms. You also understand that depending on the timing of your withdrawal you may incur financial liability for the current term and your enrollment status may be affected. Your withdrawal is effective the date this form is processed by the Registrar's Office.*

---

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**-For Office Use Only-**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Refund: \_\_\_\_\_