

Official Withdrawal from College



Newburgh Campus 1 Washington Center, Newburgh, NY 12550
 Middletown Campus 115 South Street, Middletown, NY 10940
 (845) 341-4140 • registrar@sunyorange.edu

Name of Student (Last, First, Middle Initial)	Student ID#: A	Date:
Address:		
City:	State:	Zip: Phone:

Semester/Year: Fall ___ Spring ___ Summer ___ Current Program: _____
 I Intend to Return Yes ___ No ___ Full Time: ___ Part Time ___ Semester: ___ Year: ___

Student Reason For Withdrawing (Check One -- the most prominent)			
Employment(New or Change in Hours)		Financial Aid (FAFSA Issues)	
Military Deployment		Family Issues	
Personal Financial Issues		Health Issues	
Relocation		Personal Issues	
Transportation Issues		Transferring to a different college	
Academic Issues		Other	

Drop Course						
CRN	Subject	Course	Section	Credits	Did Student Ever Attend	Faculty Signature

Student's Signature _____ Date _____

All Federal Financial Aid recipients who withdraw or stop attending classes in the first 60% of the semester will have their Federal Financial Aid recalculated (see College Catalog).

Section to be Completed by Academic Advisor or Academic Advising Office		
	Degree Seeking	Non – Degree Seeking
Current Financial Aid Recipient or Applicant If (NO) Financial Aid signature <i>not required</i>	Yes	No

Academic Advisor or Academic Advising Office Signature _____ Date _____

Section to be Completed by Financial Aid Office		
Current and/or Former Loan Recipient	Yes	No
Exit Interview Complete	Yes	No

Financial Aid Office _____ Date _____

For Student Services Central Use Only	
Process Date _____	Initials _____