

Official Withdrawal from SUNY Orange



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
Address:	
City:	State: ZIP: Phone:

Semester/Year of Withdrawal: Fall ___ Winter ___ Spring ___ Summer ___ Major: _____
 I Intend to Return Yes ___ No ___ Full Time: ___ Part Time ___ Semester: ___ Year: ___

Reason For Withdrawing (Check One -- the most prominent)			
Employment (New or Change in Hours)		Financial Aid (FAFSA Issues)	
Military Obligations		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	Ever Attended	Faculty Name

 Student 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 Faculty Advisor or Academic Advising Office
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Degree Seeking? Yes ___ No ___

 Faculty Advisor or Academic Advising Office Signature Date

Section to be Completed by Financial Aid Office

Current and/or Former Loan Recipient or Applicant? Yes ___ No ___ *If No, Financial Aid signature *not required*
 Exit Interview Complete? Yes ___ No ___

 Financial Aid Office Signature Date