

# 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 \_\_\_ Winter \_\_\_ 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 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'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 Faculty Advisor or Academic Advising Office	
Degree Seeking	Yes No

\_\_\_\_\_  
 Faculty Advisor or Academic Advising Office Signature Date

Section to be Completed by Financial Aid Office		
Current Financial Aid Recipient or Applicant if (NO) Financial Aid signature <i>not required</i>		
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 \_\_\_\_\_