

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 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

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 <u>not required</u>		
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