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Office of the Registrar

Warren Hall

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FAX: 518-832-7601

**College Academy WITHDRAWAL FORM**

**This form is to be used after the first week of classes.**

 **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

First M.I. Last

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| --- | --- | --- | --- | --- | --- | --- |
| **Course Title** | **CRN#** | **Credits** | **Instructor Signature is required only after “Auto W" deadline** | **Bill Adjustment/Liability Schedule:**

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| --- |
| Withdrawal before the end of the 2nd **week** of term: 50% tuition/100% feesWithdrawal before the end of the 3rd **week** of term: 75% tuition/100% feesWithdrawal after the end of the 3rd **week** of term: 100% tuition/100% fees |

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| **Note: After 1st week of semester, a grade of “W” will be placed on student transcript****Please use the DROP FORM for drops made through the first** **week of the term.** |

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| **I understand that by withdrawing from my class(es), I will incur a bill according to the above Bill Adjustment/Liability Schedule.****Student’s Signature Date****Approval of High School Guidance Counselor or Principal Date** |

This form should be faxed/ scanned directly to the Registrar’s Office.

Adjustments are determined based on the date the student processes the form at the Registrar’s Office according to the schedule noted above. (Some exceptions may apply).

 Updated 07/27/16

**FOR REGISTRAR’S OFFICE USE ONLY**

 Initials**: \_\_\_\_\_\_\_\_\_\_\_**

Date Processed**: \_\_\_\_\_\_\_\_\_\_\_**

 Initials: \_\_\_\_\_\_\_\_\_\_\_