

SUNY Adirondack Office of Records and Registration

ADDRESS: 640 Bay Road, Queensbury, NY 12804 | PHONE: 518-743-2279 | FAX: 518-832-7601 | EMAIL: registrar@sunyacc.edu

Official Withdrawal Form

This form should be used only **after** the first liability period has ended for the semester or part-of-term until the last day of class.

Withdrawal forms cannot be accepted after the last day of class.

Students are required to have Instructor Signature as noted below after the auto-withdrawal date, 60% mark of the part-of-term through the last day of class [not final exam period].

Semester:	Year:
<input type="checkbox"/> Summer	Date:
<input type="checkbox"/> Fall	Student Name:
<input type="checkbox"/> Winter	Banner ID:
<input type="checkbox"/> Spring	

- Please mark all that apply*:**
- | | |
|---|---|
| <input type="checkbox"/> <i>I receive Military Benefits.</i> | <input type="checkbox"/> <i>I am a student athlete.</i> |
| <input type="checkbox"/> <i>I receive Financial Aid</i> (PELL, TAP, Excelsior Loans, etc.). | <input type="checkbox"/> <i>I live in the Residence Hall.</i> |
| <input type="checkbox"/> <i>I am an EOP Student.</i> | <input type="checkbox"/> <i>Other:</i> _____ |

*If you selected any of the above options and you are withdrawing from one or all of your courses, you are strongly encouraged and may be referred to speak with a representative of the associated office prior to submitting this form to the Registrar's Office as it may have implications on your bill, aid, enrollment status, or eligibility to participate in one or more of the above mentioned programs.

Course Withdrawal(s) Requested:

- I wish to withdraw from **all** of my registered credits. **I will be enrolled in 0 credit hours for the semester.** (Initial) _____

CRN	Subject and Course Number (BIO103 for example)	Instructor Signature (after auto-w only)

Bill Adjustment/Liability Schedule: Students who officially withdraw from the College may be eligible for a bill adjustment. The adjustment is determined by the date the student processes a Withdrawal Form at the Registrar's Office, according to the schedule noted below (some exceptions may apply). For more information, go to sunyacc.smartcatalogiq.com/en/24-25/college-catalog/student-accounts/bill-adjustment-and-liability-schedule/.

Courses more than 8 weeks in length (W grade on transcript)

- Withdrawal before the end of the 2nd week of term, Liability amount = **50% tuition/100% fees**
- Withdrawal before the end of the 3rd week of term, Liability amount = **75% tuition/100% fees**
- Withdrawal after the end of the 3rd week of term, Liability amount = **100% tuition/100% fees**

Courses 3 to 7 weeks in length (W grade on transcript)

- Withdrawal through the end of the 1st week of term, Day 2-5, Liability amount = **75% tuition/100% fees**
- Withdrawal after the end of the 1st week of term, Liability amount = **100% tuition/100% fees**

Courses less than 3 weeks in length (W grade on transcript)

- Withdrawal after the 1st day of term, Liability amount = **100% tuition/100% fees**

I understand by making the above requested schedule changes, there may be a change to my bill (sunyacc.smartcatalogiq.com/en/24-25/college-catalog/student-accounts/bill-adjustment-and-liability-schedule/), Financial Aid, enrollment status, housing status, eligibility for military benefits, and/or athletic eligibility. The credits withdrawn above will count towards my attempted credits (unless they are remedial coursework credits) and will result in a "W" or "AW" grade on my transcript. The withdrawal policy can be found at sunyacc.smartcatalogiq.com/en/24-25/college-catalog/academic-regulations-and-policies/withdrawal/.

Student Signature: _____ Date: _____

- Picture ID attached if sent electronically

STUDENT SUCCESS USE ONLY:

Student Success/Saratoga Staff Advisor Signature: _____ Date: _____

Reason for Administrative Change: _____

Staff Signature for Referrals: _____

REGISTRARS OFFICE: Date Processed: _____ Initials: _____