## WITHDRAWAL FROM COLLEGE



Office of Records & Registration, WH115 500 Hawk Drive, New Paltz, NY 12561-2439 Tel: 845-257-3100 Fax: 845-257-3103

Please return completed form to the Office of Records & Registration

COMPLETE THIS FORM, provide a brief explanation for this request and secure all applicable signatures.

Information about policies and procedures for college withdrawal can be found in the undergraduate catalog www.newpaltz.edu/ugc/policies/policies\_withdrawal.html. Warning: By submitting this form, the student understands that the intention is to sever all affiliations with the College.

Please PRINT ALL INF	ORMATION:		
			N
First Name	Last	MI	Student ID
<b>Current Address:</b>			Current Major:
Street		Apt. No.	New Paltz E-mail
City	State	Zip Code	()
Спу	State	Zip Code	rerepnone Number
✓ WITHDRAWAL FRO	OM COLLEGE		
Semester withdrawal take	es place I fall I spring Year		
WITHDRAWAL FROM Control to updated general educated but will be evaluated for p	OLLEGE. You will then have to applation, major and degree requirement	ly for readmission in or ts. Courses taken at ar of readmission. <b>Readn</b>	emesters away, you should request a rder to return. In this case, you may be subject nother institution do not need prior approval nission is not guaranteed and is subject
FFFECTIVE DATE OF V	WITHDRAWAL FROM COLLEG	F·	
	les are received		grades on your official transcript)
After academic grades	Effective Date	ais will result in a letter	grado [A. B. C. D. El an your official transcript)
Arter academic grades	Effective Date	iis wiii resuit iii a iettei	grade [A, B, C, D, F] on your official transcript)
SELECT REASON FOR	R WITHDRAWAL FROM COLLE	GE: Academic Re	esearch Psychological
			ity/Paternity  Medical  Judicial
☐ Military ☐ Personal/I	Family Educational Leave	Temporary Transition/	Study Abroad Other
Briefly describe your reas	son for requesting a withdrawal:		
(OVER)			

**Please read and acknowledge the following:** Submitting this form after the course withdrawal period has begun will result in a "W" grade for your classes unless a grade has already been awarded.

The New Paltz transcript will include a notation to indicate withdrawal from college.

There may be academic and financial implications for this decision. You may exhaust your grace period for student loan repayment if you withdraw from college.

Federal Aid may be adjusted based on the percentage of the semester completed, possibly resulting in a balance being owed to the College. This is known as a Title IV Recalculation. Future federal aid may be affected by excessive "W" grades. Consult with Student Financial Services, WH 124, for detailed information on the effect of your leave or withdrawal on your progress towards degree and aid eligibility. Direct Loan borrowers must complete exit counseling with Student Financial Services or online at studentloans.gov.

Excelsior Scholarship recipients may lose eligibility for the current or future semesters, depending on the timing and circumstances of the withdrawal. Consult Student Financial Services for additional information.

Students who receive state or federal loans and are withdrawing, must contact the Student Loan Coordinator, WH 124, for an exit interview.

Students who receive support from the Tuition Assistance Program (TAP) should contact the Office of Student Accounts to determine the financial impact of the withdrawal from college.

Student's Full Name		N Student ID	
Obtain all applicable signatures	s hefore returning this form		
Educational Opportunity Particip			nrough Engagement Participant
Signature of EOP Advisor	Initial date of contact by student*	Signature of ACE Advisor	Initial date of contact by student*
On Campus Resident Student	Last date in residence:		
Signature of Director of Residence Life		Initial date of contact by student*	
International Student			
Signature of International Advisor		Initial date of contact by student*	
All students, whether or not they rece	ive aid, must obtain a signature fi	rom the Office of Student Acco	ounts, WH 114.
Signature (REQUIRED)		Initial date of contact by student*	
By signing this form, I am certifyi	ng that I understand the cond	litions of this request.	
Student's Signature		Date	
Return completed and signed form to	the Registrar (WH 115) for fina	l approval	
Registrar's Signature		Initial date of contact by student*	

## **Special Circumstances Refund Request**

For students withdrawing from all classes prior to the midpoint of the semester only. Students who withdraw from college prior to the course withdrawal period for circumstances beyond their control, may contact Students Accounts (stuaccts@newpaltz.edu) to see if a refund request is applicable. All questions about refunds should be directed to Student Accounts stuacct@newpaltz.edu.

<sup>\*</sup> This is the date the student first contacted your office about this withdrawal.