

College Withdrawal (Undergraduate, Non-medical Reasons)

Medical/psychological withdrawals (leaves) should be processed through the
Center for Student Health & Psychological Services (518-564-2187)

The Academic Advising Office
SUNY Plattsburgh
101 Broad Street, FL 101- 103
Plattsburgh, New York 12901

Phone # (518-564-2080); Fax # (518-564-2079); email: advise@plattsburgh.edu

- **Financial Aid Recipients:** Before processing this college withdrawal, consult with the financial aid office (518) 564-2072; Kehoe 4th floor, to determine the impact upon your financial aid. Plattsburgh State admits students for fall & spring semesters only, therefore, summer financial aid is not available for spring withdrawals.
- The "Date of Notification" is the date the College Withdrawal goes into effect.
- Students should explore the effect of this college withdrawal on their health insurance directly with their insurance carriers.
- Students withdrawing from college must submit this form to the Advising Office (address above) prior to the last ten calendar days of the semester. If withdrawing from the current semester, students will receive a withdrawal (W) grade for each class not yet completed (earned grades for courses completed prior to the withdrawal date will be noted on the student's record and count toward semester and cumulative GPAs. It is not possible to process a College Withdrawal for non-medical reasons during the last ten days of the semester.
- Students granted a college withdrawal or who withdraw from all courses through the course withdrawal process relinquish the right to use all college services and privileges.

Please complete all requested information and check all areas that apply (print neatly).

Last Name	First Name	Banner # (i.e., 70...)	Major	GPA
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Permanent (Home) Address (Street, Town/City, State, Zip Code)

Phone # (Home or Cell) _____ Email Address _____

_____ **Withdrawal From Current Semester.** **Date of Notification:** _____

_____ **Withdrawal From Future Semester(s):** _____
(Will complete this semester.)

Do you intend to return to Plattsburgh? _____ Yes When? _____ No

Reason for departure: Personal _____ Financial _____ Work _____ Family _____

Transferring to: _____ Reason for transfer: _____
Name of College

Other than the above listed reasons: _____

Student's Signature (or other form of withdrawal notification [email, etc.] attached) _____ Date _____

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(This section is for office use only.)

Effective Date of Withdrawal: _____ Comments: _____

Authorized Signature of College Official _____
Director of Academic Advising _____ Date _____

College Withdrawal Questionnaire

SUNY Plattsburgh

The Academic Advising Office: advise@plattsburgh.edu

Your reason(s) for withdrawing from SUNY Plattsburgh are important. Please take a moment to provide us with feedback about experiences and reasons for withdrawing. Your answers to the questions below and your comments/suggestions will remain anonymous and will help better serve other students and you, as well, should you return to Plattsburgh in the future. Please return this questionnaire along with your College Withdrawal form or feel free to email us with your feedback. Thank you for your time. Best wishes in your future endeavors!

Your current Major: _____

1. Are you transferring to another college? Yes _____ No _____

If yes, where? _____

What is your reason for transferring to the above college (e.g., closer to home, major you desire, etc.)?

2. Were you satisfied with Plattsburgh States' courses and programs? Yes _____ No _____

Comments/Suggestions:

3. Were you satisfied with your academic advisor? Yes _____ No _____

Comments/Suggestions

4. Were you satisfied with the services of the administrative offices, e.g., Student Accounts, Registrar, Financial Aid, Advising, Housing & Residence Life, etc.?

Yes _____ No _____

Comments/Suggestions:

Further Comments/Suggestions: