Suffolk County Community College

Course Withdrawal – By Two-Thirds of Term Deadline

Use this form to request a course withdrawal **no later than the withdrawal date, which is at the end of two-thirds of the term as noted in the academic calendar**. If submitting the form in person, present your SCCC ID card at the time of withdrawal. If submitting online, use your SCCC email account or include a copy of your driver license for signature verification along with the course withdrawal form. **Please complete in the following sequence:**

1. Complete the form and consult with an advisor, instructor, chair, or dean to discuss potential options and consequences of a withdrawal.
2. If you are receiving financial aid, including a student loan, or have received a scholarship, consult with the Financial Aid Office to determine how this withdrawal may affect you in this or a future term. Email the Financial Aid Office **using your SCCC email account** to one of the following email addresses, and include your name and ID#:

   faidammr@sunysuffolk.edu – Ammerman Campus Financial Aid
   faideast@sunysuffolk.edu – Eastern Campus Financial Aid
   faidwest@sunysuffolk.edu – Michael J. Grant Campus Financial Aid
3. Submit completed form to your campus Registrar Office by the **withdrawal deadline**. Submit in person or email **using your SCCC email account** to one of the following email addresses.
   withdrawala@sunysuffolk.edu – Ammerman Campus Registrar
   withdrawale@sunysuffolk.edu – Eastern Campus Registrar
   withdrawalw@sunysuffolk.edu – Michael J. Grant Campus Registrar

_____ _____ _____ _____
Last Name First Name M.I. ID#

I wish to withdraw from the following course(s):
(Sample: Campus = A, E, W / CRN = 91508 / Subject = ENG / Course = 101 / Credits = 3)

Campus	CRN	Subject	Course	Credits	Last date of attendance in class

Reason:_____

Please initial on each line to show that you have read and understand each statement. When withdrawing from a class**;**

1. I may not be eligible for any financial aid next term. ____**(initial)**
2. My federal financial aid (PELL, SEOG, etc.) may be subject to adjustment this term. This may result in my owing money to the College. ____**(initial)**
3. I am not due a refund and still retain liability for any unpaid charges associated with the course(s). ____**(initial**)
4. Veteran Affairs benefits may be impacted for students who are military-connected. ____**(initial)**
5. International student enrollment eligibility may be affected. ____**(initial)**
6. I may be placed on academic warning or dismissal (see catalog for more information). ____**(initial)**

_____ _____
Type Full Name Date
Signature required for in-person processing

****

For Office Use Only: (SFAREGS)

Processed by: _____ **Campus:** _____ **Date:** _____

Revised: 3/23/2023