Suffolk County Community College

Course Withdrawal - After Deadline of Two-Thirds of Term

Use this form to request a course withdrawal after the end of two-thirds of the term. The instructor's approval is required for each course withdrawal, and each course withdrawal must be submitted through a separate form.

If submitting the form in person, present your SCCC ID card at the time of withdrawal.

Please complete in the following sequence:

- 1. Confirm the instructor agrees with the request for a withdrawal from the course and that other alternatives are not more appropriate (e.g., incomplete).
- If you are receiving financial aid, including a student loan, or have received a scholarship, consult with il nd

1 1 1	he Financial Aid he Financial Aid nclude your nar faidammr@sung faideast@sungs faidwest@sungs	d Öffice to det d Office using me and ID#: ysuffolk.edu – suffolk.edu suffolk.edu	ermine how thing your SCCC ender Ammerman Commerman Commerma Commerm	is withdrawermail accor ampus Fin ampus Finar arant Camp		a future term. Emai email addresses, a
ast Name			First Name		M.I. ID#	
	o withdraw fro (Sample: Ca for withdrawal:		_	508 / Subje	ect = ENG / Course = 101 / 0	Credits = 3)
Camp	us CRN	Subject	Course	Credits	Last date of attendance in class	*Instructor Approval
						Yes No
nstruc	tor signature r	equired here	if approving v	⊥ withdrawa	ll for in-person processing	
Directions for instructor to email approval/denial of withdrawal request: → If approving student request for withdrawal, email approved form to campus Registrar using your SCCC email account. withdrawala@sunysuffolk.edu — Ammerman Campus Registrar withdrawale@sunysuffolk.edu — Eastern Campus Registrar withdrawalw@sunysuffolk.edu — Michael J. Grant Campus Registrar						
+	f denying stude	ent request for	withdrawal, ple	ease email	the student directly.	
	-		e to show tha	t you have	e read and understand ead	ch statement.
1. 2. 3. 4. \ 5.	This may result am not due a recourse(s)/ /eteran Affairs nternational stu	gible for any fincial aid (PELL in my owing nefund and still (initial) benefits may bedent enrollme	., SEOG, etc.) noney to the collination I retain liability be impacted for ent eligibility ma	may be sublege for any under r students ay be affec	bject to adjustment this tern	h the

Print Full Name Signature required for in-person processing For Office Use Only: (SFAREGS) Processed by: _ Campus: _____ Revised: 3/23/2023