Suffolk County Community College
Request to Appeal for Course Withdrawal
(After Deadline of Two-Thirds Term)

Do not use this form to appeal for course withdrawal for any medical circumstances (physical or mental health). In these cases, reach out to your Campus Associate Dean of Student Affairs.

Please note: Course withdrawal appeals should only be requested for extreme, extenuating circumstances.

The deadline for students to withdrawal from a course is two-thirds into the term. **For almost every case, that is a firm deadline.**

Since course withdrawal appeals are requested in the last one-third of the term, the Academic Deans highly encourage students to work with faculty on options to complete the course.

As there is no guarantee of an approval, you should continue to attend class and complete coursework work until a determination is made.

Please note the following reasons do not meet criteria for an approval of an appeal for course withdrawal:

- poor performance in coursework
- lack of attendance
- difficulty with subject matter
- missed course withdrawal deadline
- change of major or no longer meeting the academic requirements of your major
- to avoid failing grades
- work schedule or job responsibilities that impact class attendance, and
- other common causes of challenges in courses that are not considered extreme.

Course withdrawal appeals are granted only for extreme, extenuating circumstances. Official supporting documentation should be submitted to provide evidence that the extenuating circumstances were extreme.

A faculty acknowledgement is not an approval. These course withdrawal appeals are reviewed by a committee of Academic Deans, who will make the final decision.

The determination of the appeal is final and not subject to further appeal.

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Do not use this form to appeal for course withdrawal for any medical circumstances (physical or mental health). In these cases, reach out to your Campus Associate Dean of Student Affairs.

After the course withdrawal deadline (after two-thirds of the term), the Campus Associate Deans of Academic Affairs may consider a course withdrawal appeal if you have experienced extreme circumstances and are unable to work with the faculty member to complete the course (for instance, via the Incomplete process).

Course withdrawal appeals are granted only for extreme, extenuating circumstances. Official supporting documentation should be submitted to provide evidence that the extenuating circumstances were extreme. Difficulty with subject matter, lack of attendance, a change of major, a change in work schedule, and other common causes of challenges in courses are not considered extreme.

As there is no guarantee of an approval, you should continue to attend class and complete coursework work until a determination is made. **The course withdrawal appeal decision is final.**

Complete the below and email this form to the instructor for each course for which you are requesting a withdrawal appeal, using your SCCC email account.

Campus (Ex. A, E, W)	CRN (Ex. 91508)	Subject (Ex. ENG)	Course (Ex. 101)	Last date of attendance in class

Reason for request to appeal for course withdrawal (required): _____

_____

_____

_____

_____

_____

Last Name _____ **First Name** _____ **ID#** _____ **Email** _____

Student Signature _____ **Date** _____

Student note: If your instructor has not responded via email by the deadline, please forward your original email to the Campus Associate Dean of Academic Affairs using the email below.

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Instructor: Please provide a faculty statement for the Dean's consideration using page 2 of this document. Email completed form to Campus Associate Dean of Academic Affairs (and CC the student) using your SCCC email account.

AcademicAffairsA@sunysuffolk.edu – Ammerman Campus
AcadAffairsEast@sunysuffolk.edu – Eastern Campus
AcademicAffairsGrant@sunysuffolk.edu – Michael J. Grant

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Student Last Name	Student First Name	Student ID#

Instructor: Please use the space below to acknowledge receipt of this course withdrawal appeal and provide relevant information to the Campus Associate Dean of Academic Affairs.

Campus Associate Dean for Academic Affairs:

Approved:_____ Denied:_____ Signature:_____ Date:_____

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For Office Use Only: (SFAREGS)

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

Revised: 11/26/2024