



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

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
ID#

**Instructor:** Please use the space below to provide any relevant information to the Campus Associate Dean of Academic Affairs. Include any information that you think may be helpful (e.g., attendance record, current grade, etc.) in deciding to approve or deny the student's request for a late withdrawal from your course.