



New Paltz
STATE UNIVERSITY OF NEW YORK

Office of Records & Registration, WH115
500 Hawk Drive, New Paltz, NY 12561-2439
Tel: 845-257-3100 Fax: 845-257-3103

WITHDRAWAL FROM COLLEGE

Please return completed form to the Office of Records & Registration

COMPLETE THIS FORM, provide a brief explanation for this request and **secure all applicable signatures.**

Information about policies and procedures for college withdrawal can be found in the undergraduate catalog www.newpaltz.edu/ugc/policies/policies_withdrawal.html. Warning: By submitting this form, the student understands that the intention is to sever all affiliations with the College.

Please PRINT ALL INFORMATION:

_____			<table border="1"><tr><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	N									
N													
First Name	Last	MI	Student ID										
Current Address:			Current Major: _____										
_____		_____	_____										
Street		Apt. No.	New Paltz E-mail										
_____		_____	(____) _____										
City	State	Zip Code	Telephone Number										

WITHDRAWAL FROM COLLEGE

Semester withdrawal takes place fall spring Year _____

If you do not intend to return to SUNY New Paltz or are planning more than two semesters away, you should request a WITHDRAWAL FROM COLLEGE. You will then have to apply for readmission in order to return. In this case, you may be subject to updated general education, major and degree requirements. Courses taken at another institution do not need prior approval but will be evaluated for possible transfer credit at the time of readmission. **Readmission is not guaranteed and is subject to the admission criteria in place at the time you reapply.**

EFFECTIVE DATE OF WITHDRAWAL FROM COLLEGE:

- Before academic grades are received _____ (this will result in "W" grades on your official transcript)
Effective Date
- After academic grades are received _____ (this will result in a letter grade [A, B, C, D, F] on your official transcript)
Effective Date

- SELECT REASON FOR WITHDRAWAL FROM COLLEGE:** Academic Research Psychological
- Administrative Leave Employment Financial Housing Maternity/Paternity Medical Judicial
- Military Personal/Family Educational Leave Temporary Transition/Study Abroad Other _____

Briefly describe your reason for requesting a withdrawal:

(OVER)

