Suffolk County Community College
Course Withdrawal

Use this form if you wish to withdraw from a course after the drop course period has ended.

Please complete in the following sequence:

1. Before withdrawing from a course, students receiving financial aid or have filed for a student loan must speak with the Financial Aid Office to determine how this withdrawal may affect you in this or a future term. Therefore, please send an email **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

2. Email this form, **using your SCCC email account,** to your instructors for their approval, and to your home campus Registrar Office.
   registrara@sunysuffolk.edu – Ammerman Campus Registrar
   registrare@sunysuffolk.edu – Eastern Campus Registrar
   registrarw@sunysuffolk.edu – Michael J. Grant Campus Registrar

Completing this process on or before the midpoint of the term assures you a "W" in the course(s). After this time, your instructor has the option of assigning either a "W" or a grade of "F."

_____ _____ ____ _____
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	Instructor's Signature (if after the midpoint)
Select					
Select					
Select					
Select					
Select					
Select					

Reason:_____

Last date of attendance in class(es):_____

When withdrawing from a class, I understand:

You must initial below.

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 withdrawal. ____ **(initial**)
4. I may be placed on academic probation (see catalog for more information). ____ **(initial)**

_____ _____
Print Full Name Date

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For Office Use Only: (SFAREGS)

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

Revised: 6/26/2020