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).
2. If you are receiving financial aid, including a student loan, or have received a scholarship, consult with the Financial Aid Office to determine how this withdrawal may affect you in this or a future term. Email the Financial Aid Office **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
3. Submit completed withdrawal form for approval to your instructor using your SCCC email account.

Last Name	First Name	M.I.	ID#
_____	_____	____	_____

I wish to withdraw from the following course:
(Sample: Campus = A, E, W / CRN = 91508 / Subject = ENG / Course = 101 / Credits = 3)

Reason for withdrawal: _____

Campus	CRN	Subject	Course	Credits	Last date of attendance in class	*Instructor Approval
Select						☐ Yes ☐ No

Instructor signature required here if approving withdrawal 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
- If denying student request for withdrawal, please email the student directly.

Students: please initial on each line to show that you have read and understand each statement.

When withdrawing from a class**;**

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(s). **____(initial)**
4. Veteran Affairs benefits may be impacted for students who are military-connected. **____(initial)**
5. International student enrollment eligibility may be affected. **____(initial)**
6. I may be placed on academic probation or dismissal (see catalog for more information). **____(initial)**

Print Full Name _____ Date _____
Signature required for in-person processing
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For Office Use Only: (SFAREGS)
Processed by: _____ **Campus:** _____ **Date:** _____
Revised: 3/1/2022