MVCC WITHDRAWAL FORM

Last Name First Middle	**Student ID Number**
Home Address	**Primary Curriculum**
City State Zip	**Semester Year**
Telephone/E-mail address	**Expected Return Date**

DROP ALL COURSES: ☐ **WITHDRAWAL CODE:** _____

My reasons for withdrawing from MVCC: _____

_____

NOTICE: WITHDRAWING FROM CLASSES DOES NOT RELIEVE YOU OF ALL FINANCIAL OBLIGATIONS TO MVCC. CONTACT THE BUSINESS OFFICE TO DETERMINE IF THERE IS ANY BALANCE DUE.

If you receive any form of financial aid, withdrawal may affect your payment of financial aid this semester. It may also affect your eligibility for financial aid in the future. If you have any questions, please contact the MVCC Financial Aid Office.

*****Withdrawal grades will be assigned as follows: 1. Official withdrawals received by the Registrar prior to the end of the third week of classes will result in the course being deleted from the student's record for that term. 2. Official withdrawals received by the Registrar after the third week of classes and prior to the end of the 11th week of classes will be graded "W". The above deadlines apply to full semester classes. Deadlines for classes with other durations will be prorated as closely as possible to these. Students who do not officially withdraw from a course are not eligible for grade of "W". These students will be graded by the instructor on the basis of the students' fulfillment of course requirements. In special circumstances (i.e.- regarding discipline, illness, etc.), the above may be waived by the Vice President for Instruction.**

_____

Student Signature Date

DO NOT WRITE BELOW THIS LINE

The above student has withdrawn from Mohawk Valley Community College effective _____.

Counselor's Comments: _____

_____

Counselor's Signature: _____ **Date:** _____

FOR LATE WITHDRAWAL ONLY*The above student is requesting a Withdrawal after the official Withdrawal Date.**

Late Withdrawal Approved _____ **Late Withdrawal Denied** _____

V.P. Instruction Signature _____ **Date**_____

Registrar's Comments: _____

_____

_____ _____

REGISTRAR'S USE ONLY **DATE**