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The above student has withdrawn from Mohawk Valley Community College effective ________________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