

WITHDRAWAL FORM

PERSONAL INFORMATION

OFFICE USE ONLY	
Initials	_____
Date	_____

Name _____ M# _____

Permanent Home Address _____ City _____ State _____ Zip _____

Phone _____ Personal Email _____

ACADEMIC INFORMATION

Program of Study/Major _____ Current Semester _____

REASON FOR WITHDRAWING

Please choose the statement that best describes the reasoning for your withdrawal from MVCC.

- | | | |
|---|--|---|
| <input type="checkbox"/> Academic Problems (A) | <input type="checkbox"/> Leaving the area (L) | <input type="checkbox"/> Sickness in family (S) |
| <input type="checkbox"/> Change in Career Plans (C) | <input type="checkbox"/> Military Service (M) | <input type="checkbox"/> Transfer to another college (T) |
| <input type="checkbox"/> Employment Opportunity (E) | <input type="checkbox"/> Medical Leave of Absence (MLA) | <input type="checkbox"/> Transportation (X) |
| <input type="checkbox"/> Financial Problems (F) | <input type="checkbox"/> Problems at home (P) | <input type="checkbox"/> Conflict between job and college (Y) |
| <input type="checkbox"/> Hospitalization (H) | <input type="checkbox"/> Personal Temporary setback (Q) | <input type="checkbox"/> Office only: Death (D) |
| <input type="checkbox"/> Illness (personal or family) (I) | <input type="checkbox"/> Relatives (family problems) (R) | |
| <input type="checkbox"/> Other (O): _____ | | |

IMPORTANT INFORMATION FOR STUDENTS

Please read and initial each line.

- _____ I understand that if I withdraw from classes and I do not attend over 60% of classes for the semester, my financial aid will be adjusted based on my last day of attendance. Financial Aid will be adjusted and I may owe money to Mohawk Valley Community College and the balance in my account will need to be paid by me immediately.
- _____ I understand that withdrawing from the college may impact my future eligibility to receive financial aid.
- _____ I understand that if I fail to make arrangement to pay the balance, my account will go into collections. I will be responsible for the amount I owe to MVCC and any other fees associated with the collection of this debt.
- _____ I understand a hold will be placed on my account that may prevent the release of my transcript and the ability to register for future classes. I am responsible to pay my debts including charges for tuition, fees, books, housing, library fines, athletic equipment, meal plans, etc. Transcripts will not be released until all debt is satisfied.
- _____ I understand that no grades will be recorded on my academic record if I submit my withdrawal before the end of the third week of classes (for a full semester course). If the withdrawal is submitted after the census date and before the last day to withdraw, I will be assigned a grade of "W". Deadlines for courses with other durations will be prorated (see academic calendar at mvcc.edu). Faculty will assign grades according to the fulfillment of course requirements when students do not officially withdraw from the college

Note: The Vice President for Learning and Academic Affairs or designee may grant exceptions to this policy in special circumstances.

STUDENT SIGNATURE: _____ DATE: _____

Financial Aid Office: _____ Date _____ Student Athlete: Coach _____ Date _____

Veteran Services Office: Students receiving VA Benefits/DOD Funding: _____ Date _____

 Residence Hall Student: Students **MUST** be ready to leave campus once the withdrawal is processed. _____ Date _____

Staff Signature _____ Date _____ Effective Withdrawal Date _____

LATE WITHDRAWAL _____ Associate Dean/Vice President for Learning & Academic Affairs _____ Date _____ Effective Withdrawal Date _____

PLEASE SUBMIT THIS FORM TO THE OFFICE OF RECORDS AND REGISTRATION (UTICA) OR THE ROME STUDENT SERVICES OFFICE.