

WITHDRAWAL/NON-RETURNING

In accordance with the NYS Education Department Regulations approved by the Regents in July 1981, the State University of New York College at Fredonia has established specific criteria to define program pursuit and satisfactory academic progress for continued eligibility for the Title IV Programs and New York State Programs of student financial assistance. **Failure to complete the required procedures may jeopardize the right of an honorable dismissal, as well as any refund of fees paid.**

Financial aid recipients who withdraw from their classes are cautioned that they could be jeopardizing their eligibility for future financial aid. Questions should be directed to the Financial Aid Office, Maytum Hall, 2nd floor. A policy statement for the adjustment of financial aid due to withdrawal from college is available at the Office of Financial Aid.

Name _____ Fredonia ID. _____ Date of Withdrawal _____

Dorm Address _____ Have you attended any classes this semester? _____ Yes _____ No

Major _____ Class Level _____ Academic Advisor _____

Reasons for Withdrawal _____ Personal _____ Medical _____ Financial _____ Other - Please indicate in sufficient detail your reasons for withdrawal _____

Are you currently receiving veteran's entitlement? _____ yes _____ no

Permanent Address: _____
Street City State Zip Code

Telephone _____ Do you Plan to Return to Fredonia? _____ If so, When? _____

(A Leave of Absence can be granted for medical reasons (self or family), military or jury duty)

TO BE COMPLETED BY THE FOLLOWING OFFICES: (after registration)

Student Accounts (312 Maytum) _____
Signature Date

Financial Aid (214 Maytum) _____
Signature Date

Residence Life (1st floor Gregory) _____
Signature Date

Faculty Student Association (1st floor Gregory) _____
Signature Date

This completed form should be returned to Student Affairs for final signature

I understand that if any college property checked out to me is not returned, or if I have any financial obligation to the college, my transcript and/or letters of recommendation will not be released and I will not be permitted to re-enroll.

Student Signature Date

Student Affairs Officer Date

_____ Circumstances beyond control