

NIAGARA COUNTY COMMUNITY COLLEGE

REQUEST FOR COLLEGE WITHDRAWAL

Please Print / Press Firmly

SSN or ID# _____

Name _____
Last First MI

Address _____
Street

City State Zip

Phone _____

Major _____

ATTN: if withdrawing from Winter or Summer classes, you must check here if you also wish to withdraw from all future registered coursework.

Records – Original Fin Aid – Copy 1 Student – Copy 2

Rev 03/06/2017

Records Office Use Only
Date Input _____ Initials _____

Circle term for which you are withdrawing:
SPRING 2017 SUMMER 2017 FALL 2017

I understand that if I am withdrawing from Spring or Fall, I will be withdrawn from all registered coursework, including any courses I may have pre-registered for in a future semester.

I understand that if I am withdrawing from Winter or Summer, I have checked the box to the left if I wish to be withdrawn from any pre-registered coursework in a future semester.

I fully accept any academic, financial aid, and/or financial consequences that may occur as the result of dropping this coursework as of this date.

I understand that dropping below full time may impact my ability to live on-campus and/or participate in athletics.

I understand it is recommended that I speak with a representative In Student Development and/or Financial Aid prior to my withdrawal.

Student Signature _____
Today's Date _____