

## **Individual Course Withdrawal Form**

J-Number:	Student Name:	Date:	
I wish to of	ficially withdraw from:		
CRN:	Subject/course number (i.e. ENG1510)	Are you receiving veterans' benefits?	yes no
	ore you withdraw, understand your financial reserved. You should speak with your instructor, advisor		•
Please revie	ew and check each statement:		
I acknowled	dge that withdrawing from this course may a	ffect my:	
• I • I • I	Aid/Billing I may lose some of my financial aid I may be ineligible to receive financial aid in the I may still have to pay for this course and associ I may owe additional money to the college due to I cannot register for future classes if I owe a bill	ated fees o the loss of financial aid	
• 5	hedules If this course is a requisite for another course, it Some courses are only offered once a year Your current degree plan and course sequence co	•	semester.
Graduatio • I	on date It could take you longer to complete your degree	e and delay your graduation date.	
JCC Hous	sing I may not be able to stay in the residence halls (o	dropping below full-time)	
I have disc	ussed this decision with my instructor yes	no	
I have disci	ussed this decision with a financial aid specialis	et yes no	
I have disc	ussed this decision with the following advisor of	or JCC counselor:	
If you have	questions, email SuccessCenter@mail.sunyjcc.e	edu or call 716.338.1007.	

Date\_\_\_\_\_

Student Signature\_\_\_\_\_