

WITHDRAWAL FROM SCHOOL

Student Information				
Student ID#:		Semester:	Year	:
Name:				
First	Midd	le	Last	
Email Address: @sunymaritime.edu Personal Email Address:				
Home Phone:		Cell Phone:		
Class: Freshman	Sophomore 🗆 Junior 🗆	Senior \Box	Graduate 🗆	
Withdrawal Information	<u>n</u>			
Requested Effective Date of	Withdrawal*:			
*Note the official date of wi	ithdrawal will be determined by	Date the Registrar's Of	ffice according to the date	the form is received.
Reason(s) for Withdrawal:	 □ Transferring □ Financial □ A □ Family Obligations □ C 	Academic Reasons		
<u>Clearances</u>				
College. In addition, student survey as proof of completion	with the Offices listed below a ts must complete the online <u>Wit</u> on. earance from Offices 1, 2 and 3	<u>thdrawal Survey</u> a	and print confirmation pag	
1. Library: <u>library@sunym</u>	aritime.edu			Date:
*Students who have borro	id@sunymaritime.edu wed federal student loans will r it Counseling with this form. S w.studentloans.gov.	need to complete an	nd present confirmation	Date:
3. Student Accounts: stude	ntaccounts@sunymaritme.edu			Date:
4. [Regimental students on Commandant of Cadets: 1	ly] rsmith@sunymaritime.edu			Date:
	pus only (Room Inspection & Maritime.edu			Date:
6. [International Students International Student Coo	only] ordinator <u>lzinberg@sunymaritin</u>	ne.edu		Date:
	Withdrawal to be processed, the second secon			
Signature of Student:			Date:	

Withdrawal Form 09/2016

Office of the Registrar