WITNESS FROM SCHOOL

**Student Information**

Student ID#: ___________________________  Semester: ____________  Year: ____________  

Name: ______________________________________________________________________________________

  First           Middle           Last

Email Address: ________________________________________@sunymaritime.edu  Personal Email Address: ______________________________________

Home Phone: ___________________________  Cell Phone: ___________________________

Class:  Freshman ☐  Sophomore ☐  Junior ☐  Senior ☐  Graduate ☐

**Withdrawal Information**

Requested Effective Date of Withdrawal*: ______________________________________  Date

*Note the official date of withdrawal will be determined by the Registrar’s Office according to the date the form is received.

Reason(s) for Withdrawal:  ☐ Transferring  ☐ Military Service  ☐ Financial  ☐ Academic Reasons  ☐ Family Obligations  ☐ Other _________________________________________________

**Clearances**

In order to clear your record, it is necessary to process this clearance form. It is the responsibility of the student to check with the Offices listed below and obtain clearance before withdrawing from SUNY Maritime College. In addition, students must complete the online Withdrawal Survey and print confirmation page at the end of the survey as proof of completion.

All students must obtain Clearance from Offices 1, 2 and 3 below and [other Offices as needed].

1. Library: library@sunymaritime.edu ___________________________________________________________  Date: _______

2. Financial Aid: financialaid@sunymaritime.edu _________________________________________________  Date: _______

3. Student Accounts: studentaccounts@sunymaritime.edu ___________________________________________  Date: _______

4. [Regimental students only]  
   Commandant of Cadets: rsmith@sunymaritime.edu ____________________________________________  Date: _______

5. [Students living on campus only] (Room Inspection & Key)]  
   Housing: housing@sunymaritime.edu ___________________________________________________________  Date: _______

6. [International Students only]  
   International Student Coordinator lzinberg@sunymaritime.edu _________________________________  Date: _______

In order for your official Withdrawal to be processed, the completed form must be submitted to the Registrar’s Office (including email responses received in lieu of signatures) along with your confirmation of completion page from the Withdrawal Survey.

Signature of Student: ___________________________________________  Date: ____________

Office of the Registrar  
6 Pennyfield Avenue, Throggs Neck, NY 10465 | 718.409.7266 | www.sunymaritime.edu