

The College at Brockport
 State University of New York
 Office of Registration and Records
 350 New Campus Dr.
 Brockport, NY 14420-2966
 (585) 395-2531

COURSE WITHDRAWAL FORM

_____ / _____
 Last First M.I. SS#/ or Banner ID Semester Year

All course withdrawals must be submitted on a withdrawal form to the Office of Registration and Records by the appropriate deadlines as indicated below:

- The **“Withdrawal Period”** runs from **week five to week ten** of a regular (spring and/or fall) semester. *Departmental permission is not required* during this period. Students may withdraw from a course by submitting a withdrawal form to the Office of Registration and Records. A notation of “W” will appear on the permanent record.
- The **“Late Withdrawal Period”** runs from **week eleven up to the Friday before the last week of classes**. The student must fill out a withdrawal form including the reason(s) for requesting the withdrawal. A student must provide the department chairperson with appropriate documentation to support the request for withdrawal. The signature of the department chairperson is required **before** the form is filed with the Office of Registration and Records. A student officially withdrawn will receive a “W” on the permanent record. Failure to submit a withdrawal form by the appropriate deadline will result in a final grade as determined by the grading policy of the course. Courses that do not meet for 15 weeks will have proportionate withdrawal schedules. *No withdrawals will be permitted after the Friday before the last week of classes.*

INSTRUCTIONS

1. Identify the course(s) using the CRN, discipline, course number, section, number of credits and title.
2. Obtain the signature of the department chairperson for each course (if after week ten).
3. Submit the form to the Office of Registration and Records by the appropriate deadline.
4. A \$20.00 withdrawal fee per form will be assessed.

Students may withdraw from a maximum of three courses per form.

CRN	Discipline	Number	Section	# Credits	Course Title

_____ / _____ / _____
 Department Chairperson’s Signature (*required after week ten of the semester*) Date

CRN	Discipline	Number	Section	# Credits	Course Title

_____ / _____ / _____
 Department Chairperson’s Signature (*required after week ten of the semester*) Date

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_____ / _____ / _____
 Department Chairperson’s Signature (*required after week ten of the semester*) Date

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