



COURSE WITHDRAWAL FORM

80 Vandenburg Ave, Troy, NY 12180 (518) 629-4574 www.hvcc.edu

Use this form to withdraw from a course(s) if you are remaining scheduled in at least one other course. If you are withdrawing from all of your courses and have no other courses within the term that have already ended, you must complete a Total Withdrawal Form at the Registrar's Office.

Directions:

1. Complete all requested information (print clearly).
2. Obtain the signature of your Advisor or Department Chairperson.
3. Sign and return the completed form to the Registrar's Office by the withdrawal deadline.

IMPORTANT: Dating this form by the withdrawal deadline and submitting it late is NOT acceptable. The form must be received by the Registrar's Office no later than the close of business on the withdrawal deadline. For purposes of refunds/tuition adjustments, the effective date is the date this form is received in the Registrar's Office. Discontinuance of class attendance or notice to the instructor does not constitute authorized withdrawal and is not grounds for a refund exception. Please refer to the website for information about specific deadlines and office hours.

Student Information:

Name _____			
Last	First	MI	
ID Number _____	Program _____		
Year _____	Term	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter
		<input type="checkbox"/> Spring	<input type="checkbox"/> Summer

Course Information (please complete all items):

CRN	Subject	Course #	Section #	Title
<i>Example 12345</i>	<i>ENGL</i>	<i>101</i>	<i>09</i>	<i>English Composition I</i>

A course withdrawal(s) may affect your student status and eligibility including, but not limited to, the following areas:

- Academic Standing
 - Athletics
 - Student Activities
 - Fresh Start
- Federal Financial Aid (Pell, loans, etc.)
 - State Financial Aid (TAP, APTS, VTA, etc.)
 - Veteran Benefits

It is your responsibility to understand the impact this withdrawal may have on the above for both the current and future semesters. You are strongly encouraged to discuss the potential effects with the appropriate individuals on campus. Further information can be found in the college catalog.

By signing below, I am confirming that I have read and understand the statement above and know that this withdrawal may affect my student status and/or eligibility.

Student Signature _____ **Date** _____

Advisor Signature _____ **Date** _____

Office use only: Date Received _____
Initials _____