



Continuing Education Application for Withdrawal

*This form should be used **only** by SUNY Delhi students who are enrolled as Continuing Education who are looking to completely withdraw from SUNY Delhi. Matriculated students looking to withdraw should contact the Counseling and Health Services Office, Forman Hall.*

First Name: _____ **Last Name:** _____

Student ID: _____ **E-mail:** _____

Address: _____ **City:** _____ **State:** _____

Zip: _____ **Last Date of Class Attendance:** _____

Reasons for Leaving: (Check as many as are appropriate)

Academic

- Change in academic interest
- Uncertain of academic goals
- Desired Major not available
- Dissatisfied with course selections
- Dissatisfied with quality of instruction
- Dissatisfied with class size
- Dissatisfied with academic advisement
- Dissatisfied with academic calendar
- Poor academic progress

Other: _____

Personal

- Need to work
- Desire to work
- Desire to Travel
- Illness
 - Self
 - Family
- Uncertain of personal goals
- Dissatisfied with Geographic area
- Marriage

Other: _____

Future plans:

Reservist entering active military service:

Yes No

Transferring to another college:

Yes No

(Specify name and location)

Joining the Military:

Yes No

Travel:

Yes No

Work:

Yes No

Other:

Do you plan to return to SUNY Delhi:

- Yes
- No
- Uncertain

Please check out in the following offices. Withdrawal process is not completed until this form is delivered to Registrar's Office. (Staff Signature indicates clearance)

Registrar – Bush Hall: _____

Student Accounts – Bush Hall: _____

CADI – Farrell Center: _____

Student Signature: _____

Date: _____

Return Completed form to Registrar's Office – Room 124 Bush Hall

Received _____

Date: _____