Suffolk County Community College Appeal for Course Withdrawal

After the withdrawal deadline (two-thirds of term) has passed, you can only appeal to withdraw from a course for extenuating circumstances. Please note the following:

- For any medical circumstances, do not use this form but reach out to your campus Associate Dean of Student Affairs.
- Verify the date of appeal request is within the <u>Appeal for Course Withdrawal period</u>. The Campus Associate Dean of Academic Affairs must receive this form by the deadline provided on the withdrawal website.
- Obtain the instructor's acknowledgment before requesting the dean's review of the appeal.
- If submitting the form in person, present your SCCC ID card at the time of withdrawal.
- 1. If you are receiving financial aid, including a student loan or a scholarship, consult with the <u>Financial Aid Office</u> to determine how this withdrawal may affect you in this or a future term.

 a) I may no b) My feder owing m c) I am not d) Veteran e) Internation 	thdrawing from t be eligible for an ral financial aid (Pl oney to the colleg due a refund and Affairs benefits ma onal student enrol	a class: y financial aid ELL, SEOG, e e(init still retain liabi ay be impacted lment eligibility	next term tc.) may be su tial) lity for any un d for students may be affec	(initial) ubject to adjust paid charges who are militeted.	ach statement. stment this term. This may result associated with the course(initionitial) SCCC email account.	(initial)
	Campus (Ex. A, E, W)	CRN (Ex. 91508)	Subject (Ex. ENG)	Course (Ex. 101)	Last date of attendance in class	
	(=x; 7; =, 11)	(2/11/01/00/)	(23: 2: (3)	(=2.11.17.1)	5.200	_
Reason for witho	drawal appeal (req	uired):			I	J
Last Name	F	irst Name		ID#	Email	
Signature requir	ed for in-person p	rocessing			Date	
	our instructor has no Affairs using the en		email by the d	leadline, please	e forward your original email to th	e Campus Associate
******	******	******	******	*****	*********	*****
Instructor signa	ture of acknowle	edgement:				
					Affairs (and CC the student) of Dean's consideration, use page	
	AcademicAffairs AcadAffairsEas AcademicAffair	t@sunysuffolk	.edu – Easter	n Campus		
Campus Associ	ate Dean for Aca					
Approved:	Denied:		Signature:		Date:_	
******	******	******	******	******	********	*****
Processed by: Revised: 10/23/2024	1		Office Use Or Campus:	nly: (<u>SFAREGS</u>		

Suffolk County Community College Appeal for Course Withdrawal (After Deadline of Two-Thirds Term)

Last Name	First Name	 ID#	
Instructor: Please use the sport of Academic Affairs. Include a grade, etc.) in deciding to app	ny information that you	think may be helpful (e.g.,	attendance record, current