

OFFICIAL WITHDRAWAL FROM ALL COURSES

To withdraw from all classes, complete this form; then submit it to Educational Planning & Career Services via fax, mail, or in-person. The effective date of withdrawal is the date this completed form is received in Educational Planning & Career Services.

Name: _____ **FLCC ID #** _____
 (last, first, middle initial)

Address: _____
 Street Address City, State, Zip

Telephone: _____ **Term withdrawing from** Fall Spring **Year: 20** _____

Reason for withdrawal:

- attending another college (please specify _____)
- lack of financial aid
- relocating
- employed/seeking employment
- academic problems
- unable to find housing
- transportation
- medical
- Other (please explain) _____

Please note these important points and initial each line after reading:

**Student Initials
(required)**

1. The effective date of the withdrawal is the date this completed form is received in Educational Planning. _____
2. Students who withdraw before financial aid is finalized will be billed for the full amount of tuition due. _____
3. Students who have finalized financial aid and withdraw before completing more than 60% of the enrollment period must have their aid adjusted, per federal regulations. The result may be an outstanding balance for which you are responsible. For more information, go to: <http://www.flcc.edu/pdf/bursar/returniv.pdf> _____
4. Receipt of financial aid in future semesters may be affected by your withdrawal (i.e. TAP) _____
5. To determine the impact of your withdrawal, it is strongly recommended that you contact Financial Aid (585.785.1276) and the Bursar's Office (585.785.1405) prior to submitting this form. _____
6. Withdrawing from classes may negatively impact your academic standing at the College. Please contact the Director of Community Standards Coordinator (585.785.1554) if you have questions. _____

Did you borrow a student loan in order to attend FLCC? ___ Yes ___ No (If yes, visit or call the Financial Aid Office (585.785.1276) before submitting this form).

Student Signature: _____ **Date:** _____

Office use only

Educational Planning: log Sent to Reg./Center review **Processed by:** _____ **Date:** _____

Comments: _____

Student Records: Dropped from classes SHIS **Processed by:** _____ **Date:** _____

Comments: _____

Student Accounts: Refund (if applicable) Fin. Aid. Title IV Recalc **Processed by:** _____ **Date:** _____
 Bill - Balance Owed (if applicable)

Comments: _____