



OFFICIAL COLLEGE WITHDRAWAL FORM

For assistance and suggestions to aid you in formulating plans concerning your withdrawal from college, the Wellness Center is available to serve you, now and in the future. Please consider speaking to a counselor before making a final decision.

Please refer to the College Catalog for the College refund policy. Adjustments to financial aid awards may be necessary as a result of this withdrawal.

Last Name	First Name	ID Number
School	Major	

I am hereby withdrawing from SUNY Cobleskill .

Student Signature	Date
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To be considered a withdrawn student in good standing, you must satisfy all obligations to the following offices and departments. Your college withdrawal is NOT complete until this form is returned to the Registrar's Office bearing all of the required signatures. Your official college withdrawal date will be the date this form is returned to the Registrar's Office.

Office/Department	Fines And Damages	Other Obligations	Signature
1. School Office			
2. Director of EOP Program (EOP Students only)			
3. Mailroom – Bouck Hall			
4. Student Success Center			
5. Residential Life Office/Assistant VP for Student Student Development and Collegiate Life			
6. CobyCard Office			
7. Financial Aid Office			
8. Student Accounts Office Perkins Loan Yes No			
9. Registrar's Office: Date Signed is Official Date of Withdrawal			

Refund Processed	Date:	Check#	to Student
	Date:	Check #	to (Bank)