APPLICATION FOR WITHDRAWAL FROM COLLEGE
STATE UNIVERSITY OF NEW YORK COLLEGE AT GENESEO

Name_____G00#_____

(Last) (First) (M)

On Campus Address_____

Permanent Address_____

Major:_____ Gender: M ☐ F ☐ Class Year _____

Date last attended class_____ Was semester completed ____Yes ____No

Did you enter Geneseo as a Freshman ☐ or a Transfer ☐

If Transfer, from what college_____

REASON FOR WITHDRAWAL: (Rank pertinent reasons in order of importance: 1, 2, etc.)

_____a) Preference for change to non-academic activity (as in work or volunteerism.) Please elaborate:_____

_____

_____b) Generally satisfied with Geneseo but wish to pursue a major not offered. Please specify major:_____

_____

_____c) Dissatisfaction with current academic performance:_____

_____d) Dissatisfaction with relationships with College personnel. Please elaborate:_____

_____

_____e) Dissatisfaction with Geneseo academic qualities. Please elaborate:_____

_____

_____f) Dissatisfaction with Geneseo social qualities. Please elaborate:_____

_____

_____g) Dissatisfaction with geographic location or town amenities and activities:_____

_____

_____h) Family factors (illness, marriage, relationship difficulties, etc.):_____

_____i) Financial problem(s):_____

_____j) Physical health problem(s):_____

_____k) Permanent disability:_____

_____l) Emotional problems(s):_____

____m) Military service:_____

_____n) Foreign Aid Service of Federal Government, e.g. Peace Corps:_____

_____o) Official Church mission:_____

_____p) Other:_____

Will you be attending another college or university?___Yes___No If so, where:_____

NOTE: Students leaving the College after the published deadline for course withdrawals, and before the end of a semester, will receive "E" grades and may still be subject to academic dismissal hearings.

My signature on this form signifies that I intend to permanently withdraw from SUNY Geneseo. I understand that if I plan to resume my studies, I must submit an application for readmission to the Director of Admissions.

_____ _____

Signature Date

Return this form to:
Office of Enrollment Services
SUNY Geneseo, 312 Doty Hall
1 College Circle, Geneseo, New York 14454
Phone: (585) 245-5619 Fax: (585) 245-5005
Email: mark@geneseo.edu