

# Class Withdrawal Request Form

Student Name: \_\_\_\_\_ Effective Semester: \_\_\_\_\_  
 SUNY Broome ID#: \_\_\_\_\_ Academic Advisor: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Major: \_\_\_\_\_  
 SUNY Broome Email: \_\_\_\_\_ Do you live on campus?: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**CRN# WITHDRAW the following courses:**


I have contacted Financial Aid and Student Accounts about how adjusting my schedule may impact me financially. I agree to the terms of the refund statement on this link: <https://www2.sunybroome.edu/financialaid/refunds/>

If I decide to change my education plans, I will notify the Office of the Registrar in writing. I realize that non-attendance in class will not relieve me of my financial responsibility. I agree to abide by all College rules and regulations.

I agree to pay promptly all charges owed to the College, and take responsibility for any collection costs incurred in the collection of this debt.

All of the information above is true and correct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor/Chair/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature required for matriculated students only