

Office of Extended Programs
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COLLEGE ACADEMY WITHDRAWAL FORM

Name _____ Banner ID# _____ Semester _____
First M.I. Last

Course Title	CRN#	Credits	Instructor Signature is required only after "Auto W" deadline

Bill Adjustment/Liability Schedule - Check Appropriate Box

Courses more than 8 weeks in length	Courses 3 to 7 weeks in length	Courses less than 3 weeks in length
<input type="checkbox"/> Withdrawal before the end of the 2nd week of term: 50% tuition/100% fees <input type="checkbox"/> Withdrawal before the end of the 3rd week of term: 75% tuition/100% fees <input type="checkbox"/> Withdrawal after the end of the 3rd week of term: 100% tuition/100% fees	<input type="checkbox"/> Withdrawal after the end of the 1 st week of term: 100% tuition/100% fees	<input type="checkbox"/> Withdrawal after the end of the 1 st day of term: 100% tuition/100% fees

I understand that by withdrawing from my class(es), I will incur a bill according to the above Bill Adjustment/Liability Schedule and a "W" will be placed on my official transcript.

 Student Signature Date

 Parent/Guardian Signature Date

 High School Counselor or Principal Signature Date

*Adjustments are determined based on the date of processing according to the schedule noted above.

FOR OFFICE USE ONLY
Initials: _____ Date Processed: _____