

Withdrawal from College Form

Student name _____

Student ID# _____

Instructions — By completing this form, it indicates that you no longer wish to pursue a degree with SUNY Empire State College.

In the future if you wish to re-enroll with the college, you will need to complete the admissions application process.

Please sign the completed form and return via

fax 518-580-0105 or **email** RegistrarsOffice@esc.edu or **U.S. mail**

SUNY Empire State College

Office of the Registrar

111 West Avenue

Saratoga Springs, NY 12866

This form is not valid without your signature. Your signature affirms your request to withdraw from SUNY Empire.

Student signature _____

FOR OFFICE USE ONLY

Effective date of withdrawal _____

Date _____

Date processed _____