



Summer Session Request for Individual Course Withdrawal

Office of the Registrar – 111 Bray Hall or email to registrar@esf.edu

Date: _____

Student Name: _____ Student ID #: _____

Permanent Address: _____
Street Address and Apartment Number

_____ City State or Province Zip or Post code Country

Home Phone: _____ Cell Phone: _____

SU email: _____ Alternate email: _____

*I request that I be withdrawn from the following course(s). **ESF Course Withdrawal Policy:** I have spoken to the Bursar's Office regarding any liability for tuition and fees. Accounts which remain outstanding may result in collection action by the NYS Attorney General. I understand withdrawal from a summer semester course(s) may affect my financial aid, including aid received during the summer semester. I have talked to the Office of Financial Aid and Scholarships to assess the impact on my financial aid package for both current and future educational plans. I understand that if I withdraw during the summer semester by the last day to withdraw from a course, my course grade may appear with a grade of "W" on my transcript. I understand this will not impact my GPA but will remain on my transcript.*

____ I have read the ESF Course Withdrawal Policy provided to me on this form and consulted with the appropriate college offices.

Student Signature: _____

Course Prefix & Number (i.e. ESF 301)	Course Name	Credit Hours