JCC
JAMESTOWN COMMUNITY COLLEGE
SUNY
College Connections

COLLEGE CONNECTIONS

INDIVIDUAL COURSE DROP/WITHDRAWAL REQUEST

Use this form to either drop a single course (prior to roster verification) or withdraw from a single course before the withdrawal deadline (posted at www.sunyjcc.edu/CCdates).

STUDENT NAME		**J-NUMBER OR SSN**	
HIGH SCHOOL		**SEMESTER (check one)**	☐ Full Year ☐ Fall ☐ Spring
COURSE NUMBER (ie: ENG 1510)		**CRN (4-digit number)**	

You must discuss the following items with the course instructor and/or your counselor:

- Your reason for dropping or withdrawing from the course and what actions you could take to stay enrolled and be successful in this class.
- Whether this class is a corequisite or prerequisite for another course you are currently taking or plan to take, and how it may affect your schedule.

STUDENT SIGNATURE: _____ **DATE:** _____

INSTRUCTOR SIGNATURE: _____ **DATE:** _____

GUIDANCE SIGNATURE: _____ **DATE:** _____

Send signed form to CollegeConnections@mail.sunyjcc.edu

An email confirmation will be sent. If you do not receive a confirmation email within one week of submitting this form stating that the student has been dropped or withdrawn from the above course, please contact 716.338.1160.

- **Completion and submission of this form before the instructor verifies the course roster will remove the student from the course and it will not appear on their transcript.**
- **Completion and submission of this form before the specified withdrawal deadline entitles the student a grade of "W" (withdrawal) on their JCC transcript.**
- **STUDENTS NOT WITHDRAWING ON OR BEFORE THE LAST DAY TO WITHDRAW MUST RECEIVE A FINAL GRADE.**

(Total Course Withdrawal form on reverse)

Revised 12/2021

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TOTAL COURSE WITHDRAWAL REQUEST FORM

Use this form to withdraw from all classes in a term on or before the last day of final exams.

STUDENT NAME		**J-NUMBER OR SSN**	
HIGH SCHOOL		**STUDENT PHONE NUMBER**	

I authorize the college to withdraw me from all of my present term courses: ☐ Full Year ☐ Fall ☐ Spring
(Check all that apply)

Reasons for withdrawal (check all that apply):

- ☐ Academic-related reasons
- ☐ Health/medical concerns (personal or family)
- ☐ Moving from district
- ☐ Other: _____

STUDENT SIGNATURE: _____ **DATE:** _____

GUIDANCE SIGNATURE: _____ **DATE:** _____

INSTRUCTOR SIGNATURE: _____ **DATE:** _____

INSTRUCTOR SIGNATURE: _____ **DATE:** _____

INSTRUCTOR SIGNATURE: _____ **DATE:** _____

INSTRUCTOR SIGNATURE: _____ **DATE:** _____

Send signed form to CollegeConnections@mail.sunyjcc.edu

An email confirmation will be sent. If you do not receive a withdrawal confirmation email within one week of submitting this form, please contact 716.338.1160.

- **Completion and submission of this form before the specified withdrawal deadline entitles the student a grade of "W" (withdrawal) on their JCC transcript.**
- **STUDENTS NOT WITHDRAWING ON OR BEFORE THE LAST DAY TO WITHDRAW MUST RECEIVE A FINAL GRADE.**

(Individual Course Withdrawal form on reverse)

Revised 12/2021