APPLICATION FOR WITHDRAWAL FROM COLLEGE
STATE UNIVERSITY OF NEW YORK COLLEGE AT GENESEO

Name _____ #G00 _____

(Last) (First)

On Campus Address _____

Permanent Address _____

Major: _____ Gender: M F Class Year _____

Date last attended class _____ Was semester completed _____ Yes _____ No

Did you enter Geneseo as a (circle one): Freshman Transfer

If Transfer, from what college _____

REASON FOR WITHDRAWAL: (Rank pertinent reasons in order of importance: 1, 2, etc.)

____a) Preference for change to non-academic activity. Please elaborate: _____

_____

____b) Generally satisfied with Geneseo but curricular/vocational choices require permanent transfer to _____

____c) Dissatisfaction with current academic performance.

____d) Dissatisfaction with relationships with College personnel. Please elaborate: _____

_____

____ e) Dissatisfaction with current level of academic/career motivation.

____f) Dissatisfaction with Geneseo academic qualities. Please elaborate: _____

_____

____g) Dissatisfaction with Geneseo social qualities. Please elaborate: _____

_____

____h) Dissatisfaction with geographic location or cultural environment.

____i) Family factors (illness, marriage, relationship difficulties, etc.)

____j) Financial problem(s).

____k) Physical health problem(s).

____l) Emotional problems(s).

____m) Other. Please elaborate: _____

Will you be attending another college or university? _____Yes _No
If so, where? _____

NOTE: Students leaving the College after two-thirds, and before the end of a semester, will receive grades of "E" and may not be subject to academic dismissal hearings.

My signature on this form signifies that I intend to permanently withdraw from SUNY Geneseo. I understand that if I plan to resume my studies, I must submit an application for readmission to the Director of Admissions.

_____ _____
Signature Date

Return this form to:
Office of Enrollment Services
SUNY Geneseo, 221B Erwin Hall
1 College Circle, Geneseo, New York 14454
Phone: (585) 245-5619, FAX: (585) 245-5628