

SUNY MORRISVILLE

— EST. 1908 —

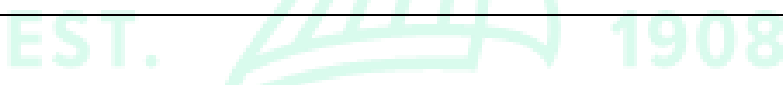
STUDENT DEPARTURE FORM

NAME:	STUDENT ID:	DATE OF DEPARTURE:
SCHOOL:	MAJOR:	ACADEMIC TERM:
TELEPHONE NUMBER:	MSC LAPTOP <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	RESIDENCE HALL & ROOM

PLEASE CHOOSE REASON FOR DEPARTURE (CHOOSE JUST ONE):

<input type="checkbox"/> MARRIAGE	<input type="checkbox"/> LACK OF INTEREST	<input type="checkbox"/> GRADUATED AS
<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> CHANGE OF AIM	<input type="checkbox"/> LACKS PROGRAM REQUIREMENTS
<input type="checkbox"/> MILITARY SERVICE	<input type="checkbox"/> FAMILY ILLNESS	<input type="checkbox"/> GRADUATED AOS
<input type="checkbox"/> FINANCIAL	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> COURSE CANCELLED
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> TRANSFER TO ANOTHER COLLEGE	<input type="checkbox"/> PREPAID NO SHOW
<input type="checkbox"/> ACADEMIC WITHDRAWAL	<input type="checkbox"/> UNKNOWN WITHDRAWAL	<input type="checkbox"/> PROGRAM DISMISSAL
<input type="checkbox"/> ACADEMIC DISMISSAL	<input type="checkbox"/> LACKS GRADUATION REQUIREMENTS	<input type="checkbox"/> CERTIFICATE OF COMPLETION
<input type="checkbox"/> DISCIPLINARY	<input type="checkbox"/> COURSE COMPLETED	<input type="checkbox"/> DISSATISFIED
<input type="checkbox"/> HEALTH	<input type="checkbox"/> DECEASED	<input type="checkbox"/> GRADUATED BT
<input type="checkbox"/> GRADUATED AAS	<input type="checkbox"/> GRADUATED AA	<input type="checkbox"/> MMR NONCOMPLIANT

STUDENT	<p>I have read and understand the SUNY Morrisville withdrawal policies and the attached page. I understand that I must clear all outstanding financial obligations (such as tuition, fees, library book(s)/fines, parking, laptop, college id, etc., and until all financial obligations have been satisfied, I cannot receive official college transcripts upon request.</p>
STAFF:	Your signature indicates this student has completed all requirements for your office.



STUDENT: MUST OBTAIN ALL SIGNATURES BY THE FOLLOWING OFFICES BELOW:

OFFICE NAME & LOCATION	SIGNATURE	DATE
STUDENT SIGNATURE		
ACADEMIC DEAN		
COLLEGE ID OFFICE (HAMILTON HALL)		
TECHNOLOGY CENTER (STUDENTS WITH LAPTOPS)		
LIBRARY		
RESIDENCE LIFE (HELYAR HALL-RESIDENT STUDENTS ONLY)		
STUDENTS ACCOUNTS (4TH FLOOR WHIPPLE ADMIN)		
FINANCIAL AID (4TH FLOOR WHIPPLE ADMIN)		
REGISTRAR'S OFFICE (3RD FLOOR WHIPPLE ADMIN) LAST OFFICE - COMPLETED FORM IS PROCESSED HERE		