



NOTICE TO THE REGISTRAR OF INTENTION TO WITHDRAW

NAME: _____

STU. ID # _____

**I am withdrawing from Nyack College.
My last date of class attendance was**

**I will be leaving the dorms as of
(For Res. Life purposes)**

_____ month day year

_____ month day year

Tuition Refund Schedule for Students Who Withdraw from Nyack College:	
By the end of the registration period	100% refund
By the end of the second week	80% refund
By the end of the third week	60% refund
By the end of the fourth week	40% refund
By the end of the fifth week	20% refund
More than five weeks	no refund

***NOTE: WITHDRAWAL FROM COLLEGE MAY JEOPARDIZE STUDENT ELIGIBILITY FOR FINANCIAL AID, SCHOLARSHIPS, ATHLETICS AND COLLEGE-OWNED HOUSING.**

List the reasons you are withdrawing. (e.g. Change of vocational intention, Financial problems, Marriage, Health, Transferring, Dissatisfaction with Nyack, Other)

Please share with us any way we could have helped you to have a more successful experience here.

___ I DO NOT expect to return to Nyack College.

___ I DO expect to return to Nyack College for the _____ semester.

___ I have read the above Tuition Refund Schedule and *Note.

Signature: _____ **Date:** _____

(Required)

Address: _____

Phone#: _____

FOR OFFICE USE ONLY: Online ___ Stat Trkg ___ W/D list ___ Enter Grades (WD) ___

Copies to: SFS ___ STU DEV ___ Memo to: Advisor ___ Housing ___ Nurse ___ TAP Assessor ___ Inst. Research ___
(NY State)