

The City College
OF
THE CITY UNIVERSITY OF NEW YORK
RETROACTIVE WITHDRAWAL CHECKLIST

Please read carefully and complete this checklist before filling out the Retroactive Withdrawal Request Form. A request for a Retroactive Withdrawal is not considered complete until the checklist is completed, the Retroactive Withdrawal form is filled out and all required documentation is received.

***Please Note: Appeal must be for current semester. This form is not waiving late and change of program, tech, and student activity fees**

Below are the Reasons for Requesting an Adjustment:

- Medical related tuition refund request
- Request for change to "W" grades
- Request for the removal of: 100% charge 75% charge 50% charge 25% charge
- Economic Hardship
- *WN removal
- E-Permit Removal
- Other: _____

These are the items that you should include with your Retroactive Withdrawal Application:

- Personal Statement (***Must be included with your Application***)
 - Letters from CCNY Professors/Deans verifying last date of attendance in class
 - Hospital admittance/discharge papers on official Hospital Letterhead
 - Proof of Economic Hardship
 - Letters from E-permit host institution verifying registration/last date of attendance
 - Proof of Payment (i.e. Tuition bill)
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The City University of New York RETROACTIVE WITHDRAWAL

MAKE SURE TO ATTACH ALL PERTINENT DOCUMENTS (PERSONAL STATEMENT, MEDICAL NOTES, HOSPITAL ADMITTANCE OR DISCHARGE PAPERS, LETTERS FROM CCNY INSTRUCTORS, DEANS) ETC.

This form is not for waiving late, change of program fees, tech and student activity fees.

PLEASE RETURN ALL COMPLETED APPLICATIONS TO THE REGISTRAR'S OFFICE, ROOM A-102. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. THERE IS NO GUARANTEE OF REFUND. TO BE COMPLETED BY STUDENT: (Please Print; Use a Pen)

Last Name:	First Name	ID#
Address	Apt #	Tel#
City	State	Zip
Email:		
Status	Undergraduate <input type="checkbox"/>	Graduate <input type="checkbox"/> Foreign Student <input type="checkbox"/>

PLEASE LIST THE COURSES AND SECTIONS BELOW YOU WOULD LIKE ADJUSTED

Semester	Course	Section

Continue on reverse if necessary.

MY TUITION FOR THE SEMESTER WAS PAID BY (CHECK ALL THAT APPLY)

Cash, Check, Money Order Loans
 Financial Aid: Pell TAP Other _____

Student Signature _____

BE AWARE THAT YOU MAY BE FINANCIALLY LIABLE FOR THE COURSES IN QUESTION IF YOU RECEIVED FINANCIAL AID

You will be notified by mail of the Committee's decision within 30 days.

Office Use Only

Medical Reason Request to change to "W" grades Economic Hardship Remove WN's

Request for the removal of: 100% charge 75% charge 50% charge 25% charge

E-Permit Removal Other: _____

Approved By: _____ Date Entered: _____

Student activity fees cannot always be refundable.
*** Requests for changes of grade must be filed with the appropriate Committee on Course and Standing**

SUBMIT THIS FORM WITH DOCUMENTATION