



The City University of New York  
RETROACTIVE WITHDRAWAL

The City College of New York  
Office of the Registrar  
160 Convent Avenue, A-102  
New York, NY 10031

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 and change of program 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	
Decision _____	
_____	
_____	
Approved By: _____	Date Entered: _____

\* Requests for changes of grade must be filed with the appropriate Committee on Course and Standing