

# SUNY MORRISVILLE

— EST. 1908 —

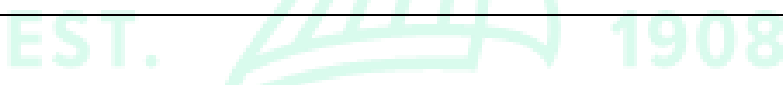
## STUDENT DEPARTURE FORM

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

**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

<b>STUDENT</b>	<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>
<b>STAFF:</b>	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
<b>STUDENT SIGNATURE</b>		
<b>ACADEMIC DEAN</b>		
<b>COLLEGE ID OFFICE (CAMPUS STORE)</b>		
<b>TECHNOLOGY CENTER (STUDENTS WITH LAPTOPS)</b>		
<b>LIBRARY</b>		
<b>RESIDENCE LIFE (HELYAR HALL-RESIDENT STUDENTS ONLY)</b>		
<b>STUDENTS ACCOUNTS (4TH FLOOR WHIPPLE ADMIN)</b>		
<b>FINANCIAL AID (4<sup>TH</sup> FLOOR WHIPPLE ADMIN)</b>		
<b>REGISTRAR'S OFFICE (3<sup>RD</sup> FLOOR WHIPPLE ADMIN) LAST OFFICE - COMPLETED FORM IS PROCESSED HERE</b>		