

**San Juan College**  
**Student Withdrawal Card Used to Withdraw from All Classes**

I wish to withdraw from all courses at San Juan College. I understand by completing this form and submitting it to Enrollment Services (Admissions & Records Office) that my withdrawal from these courses is final. (Please print legibly.)

Semester/Year: \_\_\_\_\_/\_\_\_\_\_

Student I.D. : \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street or PO Box

City State Zip (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number

Please provide us with information regarding your reason(s) for withdrawing. Withdrawing from all your courses may not be your only option. The Office of Retention can help you discover opportunities that may help you succeed.

Problems or concerns with:

**Personal Issues:**

- |   |  |
|---|--|
| <input type="checkbox"/> Finances       | <input type="checkbox"/> Housing             |
| <input type="checkbox"/> Health         | <input type="checkbox"/> Family              |
| <input type="checkbox"/> Childcare      | <input type="checkbox"/> Job/class conflicts |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Legal concerns      |

**Academic Issues:**

- |   |   |
|---|---|
| <input type="checkbox"/> Grades           | <input type="checkbox"/> Unavailable/full class(es)   |
| <input type="checkbox"/> Instructor(s)    | <input type="checkbox"/> Appropriateness of class(es) |
| <input type="checkbox"/> Online class(es) |   |

**Relocation Issues:**

- |  |
|--|
| <input type="checkbox"/> Moving out of area              |
| <input type="checkbox"/> Transferring to another college |
| <input type="checkbox"/> Entering the military           |

If you do not see the reason in the list above, please explain why you want to withdraw from all your courses:

\_\_\_\_\_

What is your major? \_\_\_\_\_

What is your grade point average (GPA)? \_\_\_\_\_

How many courses are you withdrawing from? \_\_\_\_\_

How many credit hours are you withdrawing from? \_\_\_\_\_

Who is your academic advisor? \_\_\_\_\_  
(Give name or write "Unknown")

**I understand that by withdrawing from these courses I may be impacting my financial aid, grade point average, or graduation eligibility.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only**

1. Retention Office: \_\_\_\_\_ Date: \_\_\_\_\_  
**West Classroom Complex-Room 1717**

2. Financial Aid Office: \_\_\_\_\_ Date: \_\_\_\_\_  
**Educational Services Center-Room 4136**

3. Business Office: \_\_\_\_\_ Date: \_\_\_\_\_  
**Educational Services Center-Room 4149**

4. Enrollment Services (Admissions and Records): \_\_\_\_\_ Date: \_\_\_\_\_  
**Educational Services Center- Room 4130**