



Office of the Registrar
 240 Pine Ridge Road • Buffalo, NY 14225
 (716) 896-0700 • FAX (716) 896-0705

OFFICIAL DISCONTINUANCE

Name _____ Student ID# _____

Major/Program _____ Semester _____ Advisor _____

Reason for Exit: _____

FULL DISCONCONTINUANCE FROM COLLEGE

Course Number/Section	Course Name	Credit Hours	Instructor Name	Last Date of Attendance
				/ /
				/ /
				/ /
				/ /
				/ /
				/ /
				/ /
				/ /

I understand that my discontinuance or withdrawal can affect my financial aid, and I will be liable for all debts incurred as a result of any pro-rations or refunds of aid due to these changes. I also understand that I may have scheduling difficulties in the future as a result of my discontinuance or withdrawal.

Student Signature _____ Date _____

College Counselor Signature: _____ Date: _____

Business Office Signature: _____ Date: _____

Financial Aid Rep. Signature: _____ Date: _____

Registrar's Signature: _____ Date: _____

FOR OFFICE USE ONLY

LDA: _____
Last day student sat in class.

LDAIV: _____
Date student communicated withdrawal.

Date of Determination: _____
Date student communicated withdrawal.

Registrar updates information into CAMS

(Date & Initials)

Original to:

Student File

Copy to:

College Counselor Business Office

Financial Aid Advisor