

# Northern Pennsylvania Regional College

## Complete Withdrawal Request

Student: Complete form with required signatures and email to [registrar@rrcnpa.org](mailto:registrar@rrcnpa.org).

- Complete Withdrawal (I **do not** plan to return to NPRC)
- Educational Leave (I **do** plan to return to NPRC before the start of the fourth semester from now)

_____ Last Name	_____ First Name	_____ Student ID Number
_____ College Email		_____ Home Address
_____ City	_____ State	_____ Zip
		_____ Effective Semester

Reason for request:

- Military Service
- Personal Illness
- Family Illness or Obligation
- Work Schedule Change
- Other Personal Reasons
- Other: \_\_\_\_\_

**By signing below, I acknowledge that I will receive a grade of "W" for all of my courses this semester, am responsible for the consequences regarding my academic standing and progress to program completion, and am responsible for any balance due on my student account (except in the case of required military service).**

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

\_\_\_\_\_  
Date

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### **Signatures Required**

### **Date**

SSS		
Dean		
Cashier		
Financial Aid		
Registrar		