

Northern Pennsylvania Regional College

Full Withdrawal Request

Student: Complete form with required signatures and email to registrar@rrcnpa.org.

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

Term of anticipated return: _____

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 term, 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). If this form is not completed within one week of notification of the intent to withdraw or by the last day to withdraw deadline, the Registrar will complete the withdrawal on behalf of the student as long as written request of intent to withdrawal was received.

Student Signature	Date
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	By signing, I verify that the student:	Signature	Date
SES	Was advised of scheduling, billing, and financial aid consequences: Y or N		
Financial Aid	Was advised of potential Financial Aid consequences: Y or N		
Cashier	Has a balance: Y or N		
Registrar	Withdrawal confirmed and processed		