

Institutional Withdrawal Request

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

Term of anticipated return: _____ Last date of academic engagement _____
(e.g., communication with instructor, SES, or NPRC representative)

Last Name First Name Student ID Number

College Email Home Address

City State Zip Effective Term

Reason for request:

- Call for Active 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 active 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

| | By signing, I verify that the student: | Signature | Date |
|----------------|--|------------------|-------------|
| SES | Was advised of scheduling, billing, and financial aid consequences: Y <input type="checkbox"/> or N <input type="checkbox"/> | | |
| Financial Aid | Was advised of potential Financial Aid consequences: Y <input type="checkbox"/> N <input type="checkbox"/> | | |
| Billing Office | Has a balance: Y <input type="checkbox"/> N <input type="checkbox"/> | | |
| Registrar | Withdrawal confirmed and processed | | |