



**RHODE ISLAND  
COLLEGE**  
Withdrawal Form

**Section I: Student Identification – Completed by the Student**

Name: \_\_\_\_\_ EmpID#: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature: \_\_\_\_\_ SS#: \_\_\_\_\_

**Section II: Completed by the Student Life Office**

Semester: Spring \_\_\_\_\_ year      Summer \_\_\_\_\_ year      Fall \_\_\_\_\_ year

*Type of Withdrawal:*

- Official Withdrawal
- Drop all classes
- Retroactive
- Medical (a physicians note may be required)
- Other (specify) \_\_\_\_\_

Financial Aid?                      Yes \_\_\_ No \_\_\_

Living in Residence Halls?      Yes \_\_\_ No \_\_\_ (If yes, student must also withdraw from housing contract in Residential Life office.)

First Time Student?              Yes \_\_\_ No \_\_\_

Refund                                      \_\_\_\_\_ %

*Immediate plans for the student:*

- Transfer to another institution
- Seeking employment
- Will return Spring/Fall semester \_\_\_\_\_ year
- Other \_\_\_\_\_

Associate Dean for Student Life: \_\_\_\_\_ Date signed: \_\_\_\_\_

White: Records Office      Yellow: Bursar      Pink: Student Life Office      Goldenrod: Student copy