



# WITHDRAWAL FROM COLLEGE

Completion of this form documents my intent to **WITHDRAW FROM THE COLLEGE**. I understand that this will result in my automatic withdrawal from any courses in which I am registered, and any program of which I am matriculated. I also understand that I can, provided I am in good standing, register and take courses with River Valley Community College, and/or reapply for admission in the future. Upon receipt, a copy of this signed form authorizing and authenticating my withdrawal the college will be mailed to me.

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

Semester \_\_\_\_\_ Year: \_\_\_\_\_  
Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

Please list the program(s) in which you are matriculated: \_\_\_\_\_

Please list below any courses in which you are currently registered and the name of the instructor for each course.

<u>Course Number and Name</u>	<u>Instructor</u>
_____	_____
_____	_____
_____	_____
_____	_____

**Reasons for Withdrawal:** \_\_\_ Transferring to another College (Applied/Accepted at \_\_\_\_\_)  
\_\_\_ Financial \_\_\_ Work \_\_\_ Health \_\_\_ Personal  
\_\_\_ Relocating \_\_\_ Other ( \_\_\_\_\_ )

Signatures of the following individuals confirm that your obligations to the College are met. Failure to meet your obligations may mean **your academics will be withheld and charges may be applied**. All signatures must be obtained before submitting this form to the Registrar's Office.

\_\_\_\_\_  
Program Director/Date \_\_\_\_\_ Business Office/Date \_\_\_\_\_

\_\_\_\_\_  
Financial Aid/Date \_\_\_\_\_ Library/Date \_\_\_\_\_

\_\_\_\_\_  
Registrar \_\_\_\_\_ Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_

CC: Student, Program Director, Registrar, VPSA&CA