

READING AREA COMMUNITY COLLEGE WITHDRAWAL FROM ALL COURSES

(PLEASE USE BLUE OR BLACK INK PEN ONLY)

Social Security Number PRINT: Last Name		Student ID	Student ID Number First Name		Date Middle Initial	
		First Na				
Year (example: 2016-17) / Semester (FA,		r (FA, WI, SP, SU)	N		ajor	
My r	eason(s) for withdrawing are (Please check all that	apply):			
	□ Transferring to another college/university. Which one (<i>if known</i>)?					
	Medical or Health Reasons		Relationship/Family Issues			
	Employment needs or opportunity		Financial Reasons			
	0		Academic Challenges or by Recommendation			
	• Other:			of Instructor(s)		
Whe	n to return to RACC:	member to contac	•	eck if desired):		
Best	way to contact you (please provi	<i>ide)</i> : Cell Phone:		Email:		
	gning below, I confirm that I h I understand the academic and				easons for withdrawing	
STUDENT'S SIGNATURE:					DATE:	
ADVISOR'S SIGNATURE:					DATE:	
FINANCIAL AID PERSONNEL SIGNATURE:					DATE:	
(Opta	ional Staff Notes - continue on bac	k of final pink copy	if necessary _.):		