READING AREA COMMUNITY COLLEGE
WITHDRAWAL FROM ALL COURSES

(PLEASE USE BLUE OR BLACK INK PEN ONLY)

_____ _____ _____

Social Security Number | Student ID Number | Date

_____

PRINT: Last Name | First Name | Middle Initial

_____ / _____ _____

Year (example: 2016-17) | Semester (FA, WI, SP, SU) | Major

My reason(s) for withdrawing are *(Please check all that apply)*:

- ❑ Transferring to another college/university. Which one *(if known)*? _____
- ❑ Medical or Health Reasons
- ❑ Employment needs or opportunity
- ❑ Stress or Time Managment Issues
- ❑ Other: _____
- ❑ Relationship/Family Issues
- ❑ Financial Reasons
- ❑ Academic Challenges or by Recommendation of Instructor(s)

Of the above reasons, which were the most influential in your decision to withdraw or transfer? *(Please circle your top 1-2 reasons above.)*

I plan to return to RACC: ❑ Yes ❑ No ❑ Undecided

When would you like a RACC staff member to contact you? *(Check if desired)*:

ASAP ____ In a month _____ In a semester _____ In a year _____

Best way to contact you *(please provide)*: Cell Phone: _____ Email: _____

By signing below, I confirm that I have met with an advisor and discussed my reasons for withdrawing and I understand the academic and financial implications of this decision.

STUDENT'S SIGNATURE: _____ DATE: _____

ADVISOR'S SIGNATURE: _____ DATE: _____

FINANCIAL AID PERSONNEL SIGNATURE: _____ DATE: _____

(Optional Staff Notes - continue on back of final pink copy if necessary):

RECORDS PERSONNEL SIGNATURE: _____

DATE RECEIVED & ENTERED _____ ❑ DROPPED WITHOUT A GRADE ❑ DROPPED WITH A GRADE OF "W"

WHITE COPY - Records Office Copy | YELLOW COPY - Student Copy | PINK COPY - Advising Copy | GAP 02/17