RANDOLPH-MACON COLLEGE
WITHDRAWAL FROM COURSES AFTER 35th DAY OF SEMESTER FORM

NAME_____ **ID#**_____ **# HRS AFTER CHANGE**_____

TERM & YEAR: _____**FALL** _____**JAN** _____**SPR** _____**SUMR 20**_____ **STATUS:** ___**FR**___ **SO**___**JR**___**SR**___**SP**

Are you on Academic Probation?___**yes/**___**no**

COURSES TO WITHDRAW FROM

Dept.	#	Sec.	Instructor Signature	Date

The reason for this/these withdrawal(s) is (check one and <u>attach documentation</u>):

- ☐ **Medical**
- ☐ **Financial**
- ☐ **Other (explain):** _____

SPECIAL APPROVAL:
Registrar:_____

ADVISOR SIGNATURE:_____ **DATE:**_____

If you have less than 12 hours after the change, the following signatures are required, where appropriate:

Director of Residence Life _____ **Date:**_____
Director of Financial Aid _____ **Date:**_____
Athletic Coach _____ **Date:**_____

A student whose withdrawal from courses puts them below full-time status may be at risk for adverse consequences if their housing, health insurance, car insurance, athletic eligibility, scholarships, or student loans (etc.) require full-time enrollment. More information on Academic Full-Time Status is available on the Registrar's Office website at http://www.rmc.edu/offices/registrar/Academic_Full_Time_Status.pdf. Students are advised to consult with their parents/guardians, the College's Financial Aid Office, the College's Business Office, their academic advisor, and the Office of Residence Life and Housing before processing this form. The effective date of withdrawal is the date of receipt in the Registrar's Office unless otherwise authorized by the Associate Dean. If you have any outstanding financial obligations to the College, a hold will be placed on your academic records and you will not be able to obtain a transcript. By signing below, you consent to these policies governing student enrollment status and consent to be withdrawn from the course or courses listed above.

STUDENT SIGNATURE:_____ **DATE:**_____

PROCESS DATE_____