

# INTENT NOT TO RETURN TO COLLEGE

RANDOLPH-MACON COLLEGE  
ASHLAND, VIRGINIA

Name: \_\_\_\_\_

ID: \_\_\_\_\_

Year Entered R-MC: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

I express my INTENT NOT TO RETURN to Randolph-Macon College following the \_\_\_\_\_ semester.

\*If you wish to revoke this form, you must present a statement in writing with your intent to the Registrar's Office. You must be eligible to return. Depending on timing, you may be required to apply for readmission.

Please share your reason(s) for not returning next term (check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Academic        | <input type="checkbox"/> Emotional/Mental Health                   | <input type="checkbox"/> Transferring to: _____ |
| <input type="checkbox"/> Social          |  |   |
| <input type="checkbox"/> Financial       | <input type="checkbox"/> Personal (other than health or emotional) |   |
| <input type="checkbox"/> Physical Health |  |   |

Please provide any additional comments as they relate to your **Intent Not to Return**:

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Do you plan to return to R-MC? \_\_\_\_\_ If yes, when? \_\_\_\_\_

\*After one or more semesters away from the College, students must apply for readmission. Please contact the Registrar's Office for details.

Please submit form **In Person** to the Registrar's Office. If submitting between semesters and you are no longer on campus, the form may be submitted via the student's R-MC email address.

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 before submitting this form. 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 an official transcript.

By signing below, I release the classes for which I am registered in future terms.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

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Registrar \_\_\_\_\_

Date \_\_\_\_\_