

MID-SEMESTER WITHDRAWAL FROM COLLEGE

RANDOLPH-MACON COLLEGE

ASHLAND, VIRGINIA

Name: _____

ID: _____

Year Entered R-MC: _____

Academic Advisor: _____

Mobile Number: _____

I request IMMEDIATE withdrawal from Randolph-Macon College for (TERM/YEAR) _____

Reason for Withdrawal:

_____ **Personal Withdrawal**

_____ **Medical Withdrawal***

* Medical withdrawals require written documentation from a physician, health professional, or mental health professional, and approval from the Registrar.

Please note: For medical withdrawals, the **readmission application** must be accompanied by documentation from an outside medical authority confirming you are cleared to resume academic engagement.

Do you plan to apply to return to R-MC? _____ If yes, when? _____

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 processing this form. The effective date of withdrawal is the date of receipt in the Registrar's Office unless otherwise authorized. 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. Mid-Semester withdrawal results in "W" grade notations in your current courses and ceases your enrollment at the college effective immediately. Students who withdraw from the college must apply for readmission to return. For readmission information, please contact the Registrar's Office.

By signing below, you consent to these policies governing student enrollment status and consent to be withdrawn from the College as indicated above.

Student's Signature _____ Date _____

Medical Withdrawal Approval When Applicable: _____

Final Withdrawal Approval (Registrar): _____ Date _____

Effective Date of Withdrawal: _____