

Check Term: ☐ **Fall** ☐ **Spring** ☐ **Summer**

I hereby apply for Official Withdrawal from the University of Rio Grande/Rio Grande Community College because of the following reason(s): _____

ID# _____ Name: (Please print) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

I agree to remove all of my personal property from the campus within 24 hours, return all books, materials, equipment, and keys to the proper authority, and pay all outstanding fees, charges, and encumbrances.

My signature below indicates that I acknowledge and understand the withdraw policy. I understand that my charges will be refunded according the following schedule (staff – check appropriate box):

Fall, Spring Semester Withdraws	Refund Percentage	Summer Sessions & Eight-week terms Withdraws	Refund Percentage
☐ During First Week	100%	☐ During First Week	100%
☐ During Second Week	50%	☐ After First Week	0%
☐ After third week	0%		

I understand that withdrawing may jeopardize my Financial Aid, Veterans Benefits, and/or athletic eligibility now and/or in the future.

I further understand that if I withdraw after the first week of the semester, **I may lose some or all of the financial aid that has been applied to my account, resulting in a balance due to the institution, even though I am no longer attending classes.** I understand that my balance is due immediately upon withdrawal.

Student Signature: _____ Date: _____

Required Signatures in order:

Student Success Coach/Advisor: _____ Date: _____

Financial Aid Office: _____ Date: _____

High School Guidance Counselor (CCP): _____ Date: _____

Eligibility Compliance Director (if athlete): _____ Date: _____

Director of Residence Life (if residential student): _____ Date: _____

Business Office: _____ Date: _____

Registrar's Office: _____ Date: _____