

Official Withdrawal

University of Rio Grande/Rio Grande Community College

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 two days	100%
During Second Week	50%	During third and fourth days	50%
During Third Week	25%	During fifth day	25%
After third week	0%	After fifth day	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 (or first two days of a summer session or 8-week term), 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:

Financial Aid Office: _____ **Date:** _____

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

Dean of Student (if residential student): _____ **Date:** _____

Business Office: _____ **Date:** _____

Registrar's Office: _____ **Date:** _____