



COMMUNITY COLLEGE
OF RHODE ISLAND

RHODE ISLAND PROMISE STUDENT WITHDRAWAL FORM

To be completed by student

Student Name: _____ CCRI ID _____
(Printed)

_____ Email _____
Street Address (Mailing)

_____ City _____ State _____ Zip Code _____ Daytime Telephone Number _____

_____ Last Date of Attendance (MM – DD – YY)

I understand that as of this date, it is past the drop period and that withdrawing from CCRI does not release me from any outstanding financial obligation that I may have as a result of this withdrawal. _____ (initial)

Reason for Withdrawal: (please circle one)

Academic Employment Institutional Transfer Personal Financial Health Military Peace Corps
Church Mission Other _____

_____ Student Signature _____ Date _____

Students utilizing Military Benefits at CCRI must notify va@ccri.edu of your withdrawal

Advising and Counseling Office use only

_____ HS Grad Date _____ Advisor/Counselor Signature _____

Dean of Student Development and Assessment Office use only

Spring 2019

_____ Withdrawal Term _____ Withdrawal Type _____ Withdrawal Date _____ Authorized Signature _____

Financial Aid Office use only

Does student have Financial Aid? YES NO Effective Withdrawal Date: _____

Total Financial Aid eligibility: \$ _____

Loan Exit Mailed? YES NO N/A _____
Authorized Signature

Enrollment Services Office use only

_____ Date Processed _____ Authorized Signature _____

Bursar's Office use only

_____ Balance Due _____ Authorized Signature _____



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By completing this form, I acknowledge the following: (please initial)

- _____ 1. I am withdrawing from **all** of my registered courses for the Spring 2019 term.
- _____ 2. If I do not earn 30 credits by the end of my first year, I will lose my Rhode Island Promise eligibility.
- _____ 3. If I do not earn a 2.5 GPA by the end of my first year, I will lose my Rhode Island Promise eligibility.
- _____ 4. I will be withdrawn as of my last date of attendance, not the date I sign this form.
- _____ 5. It is past the drop period; therefore, I remain financially liable for these courses and/or any balance due as a result of withdrawing.

If you have questions about the above statements, please see an Academic Advisor before withdrawing.

Federal Pell Grant Recipients:

The Federal Financial Aid Title IV Refund Policy requires colleges to calculate how much federal aid a student has earned if they withdraw or stop attending prior to completing more than 60% of the semester (April 4, 2019). **Students may have to return a portion of the aid received, as well as owe the College a portion of the tuition and fees.**

Withdrawing Due to Mitigating Circumstances:

Under certain extenuating circumstances, Rhode Island Promise students may request an approved leave to extend eligibility. Extenuating circumstances may include documented medical emergency; documented personal emergency; documented military deployment; or transfer. As soon as possible after learning of the disruption to their educational plan, but no later than seven business days, Rhode Island Promise students should email deanofstudents@ccri.edu to arrange an interview.

I have read and understand the above and wish to withdraw completely from all of my registered classes at CCRI for this semester.

Student Signature

You must complete both sides of this form (page 1 and page 2) and submit to:

Dean of Student Development/Assessment, Room 1054
Community College of Rhode Island
400 East Avenue
Warwick, RI 02886

or fax to 401-825-1148