



COMMUNITY COLLEGE
OF RHODE ISLAND

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 refund 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

_____ Advisor/Counselor Signature _____ Date _____

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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Instruction Sheet

I am requesting a total withdrawal from ALL of my classes or My ONLY class at CCRI for this semester. _____ YES _____ NO

If **NO**, **DO NOT** fill out this form. Withdraw from your selected course(s) through your MyCCRI account. This form will withdraw you from ALL your registered courses.

If **YES**, please continue reading, sign the bottom of this page and then fill out the form on page 2.

It is strongly suggested that all students meet with an Academic Advisor/Counselor prior to withdrawing.

If you are utilizing **Military Benefits (Ch. 30, 31, 33, 35, 1606 or 1607)** at CCRI, you **MUST** notify the CCRI Certifying Official at va@ccri.edu of your withdrawal

This form can only be used during the official withdrawal period for the **Spring** or **Fall** terms. **Spring 2019, February 5 through April 4.** *Please allow four to six weeks processing time.* **You will be withdrawn as of your last date of attendance, not the date you sign this form.** You will receive a copy of this form after it has been completed by all departments listed.

By signing the withdrawal form, you acknowledge it is past the refund period and that withdrawing from CCRI does not release you from any outstanding financial obligation that you may have as a result of this withdrawal.

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.**

Students who receive any type of financial assistance for their tuition are encouraged to speak to a Financial Aid Representative before withdrawing from their courses.

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

Students Signature

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

Student Services, Room 1054
Community College of Rhode Island
400 East Avenue
Warwick, RI 02886

or fax to 401-825-1148