My reason(s) for withdrawing are (Please check all that apply):

- Transferring to another college/university. Which one (if known)? __________________________
- Medical or Health Reasons
- Employment needs or opportunity
- Stress or Time Management Issues
- Other: __________________________

Of the above reasons, which were the most influential in your decision to withdraw or transfer? (Please circle your top 1-2 reasons above.)

I plan to return to RACC:  □ Yes  □ No  □ Undecided

When would you like a RACC staff member to contact you? (Check if desired):
ASAP _____ In a month _____ In a semester _____ In a year _____

Best way to contact you (please provide): Cell Phone: __________ Email: ______________________

By signing below, I confirm that I have met with an advisor and discussed my reasons for withdrawing and I understand the academic and financial implications of this decision.

STUDENT’S SIGNATURE: __________________________________ DATE: __________

ADVISOR’S SIGNATURE: __________________________________ DATE: __________

FINANCIAL AID PERSONNEL SIGNATURE: __________________________ DATE: __________

(Optional Staff Notes - continue on back of final pink copy if necessary):

 Records Personnel Signature: __________________________ DATE: __________