

**STUDENT INFORMATION**

Student Name: (LAST)	(FIRST)	(MIDDLE)	Date:	I.D. Number
RCC Email Address:				
Curriculum:			Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year 20 20

**DROP**

COURSE NUMBER	SECTION	COURSE TITLE	INSTRUCTOR EMAIL ADDRESS	OFFICIAL DROP DATE	GRADE	LAST DATE ATTENDED

**REASON(S) FOR WITHDRAWAL**

<input type="checkbox"/> ACADEMIC	<input type="checkbox"/> COLLEGE RELATED	<input type="checkbox"/> FAMILY/PERSONAL	<input type="checkbox"/> NEVER ATTENDED
<input type="checkbox"/> ATTENDANCE	<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> FINANCIAL	<input type="checkbox"/> OTHER
ACADEMIC STATUS AT THE TIME OF WITHDRAWAL <input type="checkbox"/> PASS <input type="checkbox"/> FAIL			

**VA / FINANCIAL AID OFFICE USE ONLY**

CREDIT HOURS BEFORE CHANGE	CREDIT HOURS AFTER CHANGE
CENSUS DATE	CENSUS DATE

**APPROVAL**

STUDENT NAME	<input type="checkbox"/> APPROVE
INSTRUCTOR NAME	<input type="checkbox"/> APPROVE
RECORDS	<input type="checkbox"/> APPROVE

WHEN YOU ARE COMPLETED PRESS SUBMIT