



COMMUNITY COLLEGE
OF RHODE ISLAND

WITHDRAWAL FORM
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**, then **DO NOT** fill out this form.

Withdraw from your selected course(s) through your MyCCRI account.

If **YES**, please continue to fill out the form on page 2.

This form can only be used during the official withdrawal period for the Spring or Fall terms. Refer to the College Calendar for specified dates. *Please allow four to six weeks processing time.* You will be withdrawn as of your last date of attendance. 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 relieve 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. 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:
Dean of Students Office, Community College of RI, 400 East Avenue, Warwick, RI 02886



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OF RHODE ISLAND

WITHDRAWAL FORM

To be completed by student

Student Name: _____ CCRI ID _____
(Printed)

Address _____

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 relieve 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
To Serve in Military To Serve in Peace Corps To Serve on Official Church Mission
Other _____

Student Signature _____ Date _____

Dean of Student Development and Assessment Office use only

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

Notes:

_____ Date Processed _____ Authorized Signature

Bursar's Office use only

_____ Balance Due _____ Authorized Signature