COMMUNITY COLLEGE
OF RHODE ISLAND

WITHDRAWAL FORM

Please allow four to six weeks to process. You will receive a copy of this form after it has been completed by all departments listed below.

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)

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_____

By signing this form you acknowledge it is past the refund period and this does not suspend your financial obligation for any outstanding balance you may have as a result of this withdrawal.

_____ _____
Student Signature Date

Associate Vice Presidents for Student Services Office use only

_____ _____ _____ _____
Withdrawal Term Withdrawal Type Withdrawal Date AVP Student Services Representative Signature

Financial Aid Office use only

Effective Withdrawal Date _____ Does student have Financial Aid? Yes No

Total Financial Aid eligibility $_____ Loan Exit Mailed? Yes No N/A

_____
Financial Aid Representative Signature

Enrollment Services Office use only

_____ _____
Date Processed Enrollment Services Representative Signature

Bursar's Office use only

_____ _____
Balance Due Bursar's Office Representative Signature