



# INSTITUTIONAL WITHDRAWAL FORM

Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
Email: \_\_\_\_\_ Date: \_\_\_\_\_ Semester: \_\_\_\_\_

**Please Note: This form is only intended to be used by students withdrawing completely from Richmont for one or more semesters.**

If you withdraw from classes during the first week of school, all courses for that semester will be deleted from your academic record.

If you withdraw from classes during the second, third or fourth week of school, "W's" will be received for all courses.

If you withdraw from classes after the fourth week of school, "WP's" or "WF's" will be received for all courses as determined by the professor. "WF" grades are calculated into the GPA like "F's." This grade will be obtained from the professor by the Assistant Registrar or the Director of Records.

Please see the Business Office for refund information.

Course Number	Section	Course Title

\_\_\_\_\_ (initial) I have been counseled regarding the effect withdrawing from the institution will have on financial aid. Please contact Moose Lutes (404) 835-6122 or [mlutes@richmont.edu](mailto:mlutes@richmont.edu) for assistance.

Please see your advisor before submitting this form to the Registrar. This form will not be accepted without the signatures below. You are encouraged to keep a copy of this form for your records. Please submit this form to the Records Office.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Financial Aid \_\_\_\_\_ Date \_\_\_\_\_

Vice President of Finance \_\_\_\_\_ Date \_\_\_\_\_

Academic Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check your reason(s) for withdrawing from the institution:

- Medical
- Spiritual
- Family
- Financial
- Work Conflict
- Death of Family member /Friend
- Pregnancy/Adoption/New Baby
- Transferring to Another Graduate School
- Desire Different Career
- Do not want to Attend RGU
- Other (Please note below)

Please write a brief statement below to explain your decision to withdraw (please use the back of this paper if more space is required):

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The information you provide is confidential and will be utilized only to better university practices regarding retention. Please use the back of the sheet or additional paper if needed.

1. What services could Richmond provide that you believe would prevent you from withdrawing?

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2. How much interaction did you have with your advisor prior to your decision to withdraw?

(None) 1      2      3      4      5 (significant amount)

Additional comments: \_\_\_\_\_

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How would you rate that interaction?

(Poor) 1      2      3      4      5 (Very Good)

Additional Comments: \_\_\_\_\_

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3. How much interaction did you have with the Records Office (schedule and academic advisement) prior to your decision to withdraw?

(None) 1      2      3      4      5 (significant amount)

Additional comments: \_\_\_\_\_

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How would you rate that interaction?

(Poor) 1      2      3      4      5 (Very Good)

Additional comments: \_\_\_\_\_

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4. How connected did you feel to the community at Richmond?

(Not at all) 1      2      3      4      5 (Very connected)

5. Were there circumstances or events that prevented you from participating in Richmond's Student Body/Community Life? What might have increased your participation in community?

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6. Please provide feedback regarding ways that you believe Richmond can serve the student body better.

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