MID-SEMESTER WITHDRAWAL FROM COLLEGE

RANDOLPH-MACON COLLEGE ASHLAND, VIRGINIA

Name:		ID:
Year Entered R-MC:		Academic Advisor:
I request IMMEDIATE wi	thdrawal from Randolph	-Macon College for (TERM/YEAR)
Reason for Withdrawal:		
Personal	Withdrawal	
* Medical	-	itten documentation from a physician, health of section of the sec
·		nission application must be accompanied by ty confirming you are <u>cleared to resume academic</u>
Do you plan to apply to r	eturn to R-MC?	_ If yes, when?
College's Business Office form. The effective date authorized. Medical midceases your enrollment a result in "W" or "F" dependent of the College withdrawal from the college contact the Registrar's Office form.	e, their academic advisor, of withdrawal is the dates of withdrawal restar the college effective in the point in the lege policy in the acadenge must apply for readmosfice.	ts/guardians, the College's Financial Aid Office, the and the Office of Residence Life before processing this te of receipt in the Registrar's Office unless otherwise sults in "W" grade notation in your current courses and mmediately. Personal mid-semester withdrawal could be semester the form is submitted. Review the mic catalog for more information. Students who ission to return. For readmission information, please overning student enrollment status and consent to be
Student's Signature		Date
Medical Withdrawal App	roval When Applicable:	
Final Withdrawal Approval (Registrar):		Date
Effective Date of Withdrawal: Grade(s) awarded:		Grade(s) awarded:
Classification:	Week:	Entrance Info: