

Official Withdrawal

Check Term: Fall	☐ Spring ☐ Summe	er		
, ,	•	of Rio Grande/Rio Grande Community College b		
ID#	Name: (Please print)			
Mailing Address:				
City:		State: Zip:	Zip:	
and keys to the proper author	ity, and pay all outstandi that I acknowledge and u	campus within 24 hours, return all books, mateing fees, charges, and encumbrances. understand the withdraw policy. I understand the check appropriate box):		
Fall, Spring Semester Withdraws	Refund Percentage	Summer Sessions & Eight-week terms Withdraws	Refund Percentage	
☐ During First Week	100%	☐ During first two days	100%	
☐ During Second Week	50%	☐ During third and fourth days	50%	
After third week	0%	☐ After fourth day	0%	
I further understand that if I wit term), I may lose some or all of	hdraw after the first week the financial aid that has o longer attending classe	of the semester (or first two days of a summer see been applied to my account, resulting in a balares. I understand that my balance is due immediate Date:	ssion or 8-week nce due to the	
	Required	d Signatures in order:		
Student Success Coach/Advisor				
Financial Aid Office:				
High School Guidance Counsel				
Eligibility Compliance Director				
Director of Residence Life (if res				
Business Office:				
Registrar's Office:				