

Student Initiated Course Withdrawal Form



This form is to be completed by the student when the student needs to withdraw from one or more courses after the drop period. Withdrawals are not eligible for any type of tuition refund.

Submit the completed form to the Registrar's Office at registrar@richmondcc.edu

Incomplete forms may not be processed.

Name _____ ID# _____ Term/Year _____

DOB _____ Phone # _____

DO YOU RECEIVE FINANCIAL AID?

- ☐ No
☐ Yes

Students receiving financial aid are required to discuss withdrawals with the Financial Aid office before submitting this form.

☐ Informed student they may owe money. _____

Financial Aid Staff Signature

If you do not receive a signature from the Financial Aid office, you are waiving the right to discuss the situation with their staff before submitting this form. Students who receive financial aid and withdraw from all classes before completing 61% of the enrollment period must have their aid adjusted by federal regulation. This may leave an outstanding balance on your account. Receipt of financial aid in future semesters may be affected by your withdrawal. _____

Student Signature

DO YOU RECEIVE VETERANS EDUCATION BENEFITS?

- ☐ No
☐ Yes

Students receiving Veteran education benefits are required to discuss withdrawals with the VA SCO before submitting this form. _____

VA School Certifying Official Signature

Department	Course Number	Section	Credit Hours	INSTRUCTOR'S NAME

REASON CODE: CHECK ONE

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Excessive absences | <input type="checkbox"/> Child care conflict | <input type="checkbox"/> Course load too heavy | <input type="checkbox"/> Military deployment/reassignment |
| <input type="checkbox"/> Employment conflict | <input type="checkbox"/> Financial | <input type="checkbox"/> Course too difficult | <input type="checkbox"/> Personal/family |
| <input type="checkbox"/> Illness (self/family) | <input type="checkbox"/> Transportation | <input type="checkbox"/> Course not what expected | <input type="checkbox"/> Internet access |
| <input type="checkbox"/> Course/faculty expectation | <input type="checkbox"/> Relocation | <input type="checkbox"/> Transfer to another school | <input type="checkbox"/> Other _____ |

Student Signature: _____ Date: _____
(Typed signatures are not allowed)

Office Use Only:

Credit hours: From _____ To _____ Date of Change _____ Registrar _____

Revised 11-18-25