



Withdrawal From Nursing Program

To be completed by students withdrawing from the current quarter, dropping classes or who are not returning next quarter.

Student Information

Name	Date
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Withdraw Full Quarter	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall
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- Or -

Withdraw Individual Class(es)	1.
2.	3.

Check One

<input type="checkbox"/> I intend to return to RMA	<input type="checkbox"/> I do not intend to return to RMA
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Reason for withdrawal:

<input type="checkbox"/> Health	<input type="checkbox"/> Family	<input type="checkbox"/> Personal	<input type="checkbox"/> Military Duty
<input type="checkbox"/> Academic	<input type="checkbox"/> Financial	<input type="checkbox"/> Employment	<input type="checkbox"/> Other _____

I request withdrawal as indicated above and I understand the consequences of that withdrawal, including a withdrawal grade noted on my academic transcript.

Student Signature
Date

Attachments:
 Refund Policy
 Readmission Policy