

River Parishes Community College

P.O. Box 310, SORRENTO, LA 70778, (225) 675-8270

SEMESTER WITHDRAWAL FORM

INSTRUCTIONS TO STUDENT:

1. Use this when withdrawing from **ONE** or **ALL** courses from the college for this semester.
2. **FINAL STEP** – Return form to the Office of Student Services for a “date stamp”. Withdrawals will become active on the date of the stamp. Stamps will not be given after the last date to resign!
3. Refunds are calculated on tuition amount **ONLY**, minus \$15.00 per transaction (each form is considered a transaction).

Print Last Name

Print First Name

Social Security Number

Year & Semester

Student Signature

Date

Section I – Course Information

COURSE				DATE
Department	Number	Section	Instructor	

Hours Scheduled Before Change

Hours Scheduled After Change

Section II – Library Services – For students withdrawing from ALL courses

Student has no obligations to the Library.

Library Services Signature: _____

Date: _____

Section III - Financial Aid

Retention requirement for specific programs are as follows:

■ **TOPS Scholarships:**

You must earn 24 hours or more each academic year (fall/spring).

■ **Federal Aid (including Pell Grants & Student Loans) and Institutional Scholarships:**

You must successfully complete at least 75% of the total credit hours attempted at RPCC.

If you resign prior to completing 60% of the semester, you will be required to re-pay a portion of your awarded funds.

By signing this form, I am attesting to the fact that I am fully aware of the requirements needed to retain my scholarships and/or Pell grant. If I have any questions, I will contact the Office of Financial Aid.

Section IV – Date Stamp

Student has completed the withdrawal process.

Survey complete

Received by: _____

Date Stamp: _____

Withdrawing from all courses

Student completed weeks/days of current semester: _____	
Refund % due: _____	Refund amount due: _____
Refund due to: <input type="checkbox"/> Student <input type="checkbox"/> Other: _____	
Document #: _____	Check #: _____ Check Amt: _____
<input type="checkbox"/> Picked up by student <input type="checkbox"/> Mailed to student <input type="checkbox"/> Other: _____	
Business Office Signature: _____	Date: _____

Resignation has been processed and the following have been notified:		
<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Library Services	<input type="checkbox"/> Copy to Business Office
Registrar Signature: _____	Date: _____	

STUDENT WITHDRAWAL SURVEY

INSTRUCTIONS: The staff of RPCC is interested in helping you achieve your educational goals. The decision to withdraw from one or more of your classes is an important one that may have significant implications for your academic progress. To help us assist you, we are asking that you spend a minute or two and complete this survey. Please answer carefully and candidly.

PLEASE CIRCLE ANY OF THE ITEMS BELOW THAT ARE IMPORTANT REASONS FOR WITHDRAWAL REQUEST.

- A. Conflicting work commitments
 - B. Changing program of study
 - C. Dissatisfaction with grades
 - D. Unclear career goals
 - E. Illness
 - F. Too many missed classes
 - G. Course not what I expected
 - H. Insufficient study time
 - I. Family concerns or commitments
 - J. Course too difficult
 - K. Need additional academic preparation
 - L. Other (please specify) _____
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PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING THE APPROPRIATE RESPONSE.

Are you withdrawing from all of your classes?	Yes	No
Has your educational or career goal changed since you last registered?	Yes	No
Are you dissatisfied with any part of your experience at RPCC?	Yes	No
Are you willing to talk to a counselor about your decision?	Yes	No

Thank you for completing this survey! Your comments are greatly appreciated.