



Institutional Withdrawal Form

Please submit this completed form to the Records Office.

Name: _____ Student ID (not SS#): _____

Email: _____ Advisor: _____

Effective Semester: _____

This form is only intended to be used by students withdrawing completely from Richmont for one or more semesters. Separate forms are available for temporary Leave of Absence requests or Exceptions. For individual course drops or withdrawals, complete the online Add/Drop/Withdrawal form through the Richmont website.

A discussion with your advisor is strongly encouraged before submitting this form or requesting to withdraw from Richmont. Once you have met with your advisor, please obtain her/his signature below.

Advisor Signature: _____ Date: _____

Have you ever received Financial Aid as a student at Richmont? ____ Yes ____ No

If you answered yes to the above question, you are required to have a discussion with Laura Lillard, Director of Financial Aid, and obtain her signature below. She may be reached at 423-648-2675 or financialaid@richmont.edu.

Director of Financial Aid Signature: _____ Date: _____

Your withdrawal "grade" is determined by the Academic Calendar:

- Through the end of the Week 1 of the semester, courses will be deleted from your academic record.
- Through the end of the Week 4 of the semester, a W grade will be applied for all courses.
- Effective Week 5, your grade will be WP (Withdrawal Passing) or WF (Withdrawal Failing) as determined by your instructor.
 - WF grades are calculated in the same manner as F grades.
 - The Records Office will reach out to your instructor to obtain this grade following receipt of this completed form. You may expedite processing by requesting your instructor to send this information to the Records Office directly.

Eligibility for a refund is determined by the Academic Calendar and the student's receipt of financial aid (if applicable). Any refund is contingent on the date this withdrawal request is received complete and processed by the Records Office, not the date it was initiated by the student. Please see the Finance Office for detailed refund information.

Student Signature: _____ Date: _____

Registrar Signature: _____ Date: _____

The information you provide is confidential and will be utilized only to better university practices regarding retention. Please use the back of the sheet or additional paper if needed.

Do you have extenuating circumstances contributing to your withdrawal from Richmond? ____ Yes ____ No

Please share your reason(s) for withdrawing from the institution:

- | | |
|--|--|
| ☐ Medical/COVID-19 concerns | ☐ Death of Family member /Friend |
| ☐ Spiritual | ☐ Pregnancy/Adoption/New Baby |
| ☐ Family | ☐ Transferring to Another Graduate School |
| ☐ Financial | ☐ Desire Different Career |
| ☐ Work Conflict | ☐ Do not Want to Attend RGU |
| | ☐ Other (Please note below) |

Please indicate your satisfaction with the following resources or statements, particularly if they contributed to your decision to withdraw from Richmond.

1 = highly dissatisfied

2 = somewhat dissatisfied

3 = neither satisfied or dissatisfied

4 = somewhat satisfied

5 = highly satisfied

NA = not applicable

	1	2	3	4	5	NA
My program is what I expected it to be.						
My advisement is appropriate and supportive.						
The level of spiritual integration is as expected.						
The curriculum is academically rigorous.						
The clinical training experience is as expected.						
I was engaged in the school community.						
I asked for academic, spiritual, interpersonal, and/or clinical help when necessary.						
The policies and procedures were clearly communicated.						
I felt supported by the administration.						

Please write a brief statement below to explain your decision to withdraw (please use the back of this paper if more space is required):

For Office Use Only:

____ Verified all classes dropped ____ Hold on account ____ Change Academic Status ____ Withdrawn date entered
Date _____