

MITIGATING WITHDRAWAL FORM

Student Full Legal Name (Please Print)							Preferred Phone Number		
First Name	Middle Initial	Last Name				()			
Rappahannock Student ID Number							Current Term (Please Check)		Current Year
							Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>	20____	

Please list the class(es) for which you are seeking a withdraw:

Course Number	Course Subject-Section	Credits	Last Date Attended	Term and Year Class Taken

PLEASE CHECK ALL THAT APPLY:

ARE YOU RECEIVING GI BILL BENEFITS? YES NO

ARE YOU RECEIVING GRANT FINANCIAL AID? YES NO

If you answered yes to any of these questions you should contact your college navigator or Financial Aid before submitting to see how this could affect your aid or if you will owe a debt to the college.

A mitigating withdrawal implies that circumstances must have been severe, not foreseeable, and/or could not have been reasonably prevented during the time period in question for approval, you will be required to provide documentation.

Student's Signature: _____ Date: _____

After you have completed this form, please submit it to the Admissions and Records office on the Glens or Warsaw campus. You can also email the form to records@rappahannock.edu along with your documentation.

FOR OFFICE USE ONLY: Approved Not Approved

Faculty's Signature: _____ Date: _____

Dean Signature: _____ Date: _____

Processed by: _____ Date: _____