Applicant – In order to be considered for late withdrawal from courses, you must:

a. Complete the Request for Late Withdrawal form completely. Leaving portions of the form blank may result in denial of request.

b. Provide documentation of the reason late withdrawal should be granted. This may include doctor’s certification of illness, employer’s statement of change of work schedule on company letterhead, etc. This documentation should verify that the change occurred after the drop deadline for the current semester. Request received without documentation WILL NOT be considered.

c. Return the completed form to the Roane State Community College, Office of Records and Registration, 276 Patton Lane, Harriman, TN 37748.

Please print or type all information requested.

Name: _______________________________________________________________________________________

Email address: __________________________________________________________________________________

Student ID: R __ __ __ __ __ __ __ __ Date of Request: _____________________ Semester: ____________________

Present Address: ________________________________________________________________________________

Street   City   State        Zip Code

Do you wish to withdraw from all courses for which you are registered? ________ Yes       ________ No

If not, please list courses below:

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<th>Dept.</th>
<th>Course</th>
<th>Section</th>
<th>Title</th>
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Reason for withdrawal:

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

Signature: _______________________________________________________________________________________

Note: You will be notified by mail regarding the approval or disapproval of your request.

For Office Use Only:

_______ Approved       _______ Disapproved

Records Director’s Signature: ____________________________ Date________________

Financial Aid Director’s Signature: ____________________________ Date________________

Comments: ____________________________________________________________________________________

RSCC is a TBR Institution and an AA/EEO Institution. RSCC Publication #13-009.