WITHDRAWAL FORM

Student Name: ____________________________ Stinger ID: ____________________________

Rochester Community and Technical College regrets that you may find it necessary to withdraw from one or all of your courses and wishes to offer the following services to assist you in making this decision as well as providing other assistance you may need:

~RTC Counseling Center  ~RTC Advising Services  ~RTC Instructional Staff

PROCEDURES:
1. If you have definitely decided to withdraw, you **MUST** first secure signatures of:
   - Your high school counselor/administrator or ask them to send an email verifying that they are aware of your intentions to withdraw and Brooke Kosok, PSEO Advisor

   • ____________________________  ____________________________
   High School Counselor/Administrator signature  Date

   • ____________________________  ____________________________
   RCTC PSEO Advisor signature  Date

2. Complete the withdrawal form below. Read this form in its entirety; sign and date it at the bottom.
3. Submit form to the PSEO Staff **before** the deadline for processing.

ACADEMIC STANDING

Withdrawals may impact your academic standing at Rochester Community and Technical College. College Standards require that, in addition to maintaining minimum GPA standards, students must successfully complete at least 67% of their attempted credits. Credits for courses with grades of “W” are counted as attempted but not successfully completed in terms of calculating completion percentages. Students successfully completing less than 67% of their attempted credits are considered to be making **unsatisfactory academic progress** and are subject to probation and/or suspension from the college.

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>NUMBER</th>
<th>SECTION</th>
<th>COURSE ID</th>
<th>CREDITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLE: ENGL</td>
<td>1117</td>
<td>01</td>
<td>000001</td>
<td>4</td>
</tr>
</tbody>
</table>

My signature below indicates that I have read and understand this information.

Student Signature: ____________________________ Date: ____________________________