

ADMINISTRATIVE WITHDRAWAL REQUEST



Rowan College
at
BURLINGTON COUNTY

Occasionally, a student may have the need to withdraw from their registered courses after the withdrawal deadline due to an extenuating circumstance. In these instances, students may submit this form along with appropriate documentation for an Administrative Withdrawal to the Office of the Registrar. Administrative Withdrawal decisions are academic and do not eliminate a student's financial obligation to the college, regardless of the outcome. Students who receive approval for Administrative Withdrawals are still responsible for their tuition and fees. Students who wish to seek financial reimbursement should review information for a Tuition Appeal.

The following are Administrative Withdrawal Criteria:

1. Requests will only be considered if the date(s) of the extenuating circumstance coincide with the applicable semester/term in which the courses are attempted.
2. Requests will only be considered up to 30 business days after the end of the semester in which the courses were attempted.
3. Administrative Withdrawals will be applied to **ALL COURSES** taken within the semester/term of the request unless the student can demonstrate that a particular course was not affected by their ability to participate in class. For example, a course may be exempted from an administrative withdrawal if a student's mobility was affected but they were still able to participate in online courses.
4. Before submitting this request, it is strongly recommended that you consult with Financial Aid, NJ Stars, EOF, Military, Employer, or any other area providing financial assistance. This request may result in you owing money to RCBC.
5. Administrative Withdrawal Requests must be submitted using an RCBC student email or in person, and substantiated by official documentation. **EMAIL:** registration@rcbc.edu
6. Documentation should be typed, signed, dated and on organization (employer, doctor, court, etc.) letterhead. Documentation can include (but not limited to):
 - Letter from a Medical Professional indicating you could not/should not continue in the classes. A diagnosis is not needed.
 - Signed and dated letter with company letterhead from employer indicating involuntary work changes or loss of employment.
 - Police reports / Legal / Court documents
 - Death certificate of family/close relation
 - Any other documentation that would indicate proof of mitigating circumstances
7. Written request describing the reason for withdrawal explaining how the life circumstances, illness or condition affected the student's ability to maintain their status as a student at the college, as well as explanation why withdrawing from the courses through the regular process was not an option.

Before completing the petition, please answer the following questions:

1. **The date of this request is within 30 days of the end of the semester in which the courses were attempted?** Yes No
2. **Sufficient documentation to verify your circumstances is attached?** Yes No

**If you answered "NO" to any of the preceding questions, do not complete the petition.
Refer to the Administrative Withdrawal guidelines above.**

THIS IS A TWO PAGE DOCUMENT. BOTH PAGES MUST BE COMPLETED.

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Rowan College
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Student ID: _____

Date: _____

Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone #: _____ Cell Phone #: _____

Major/Program: _____

1. Semester/Term of occurrence: Fall Spring Summer I II Year: _____

2. Courses from which you wish to be withdrawn (e.g. ENG-101-100): _____

3. Reason for request:

Physical or mental illness of the student

Physical or mental illness of immediate family member

Death of student's immediate family member

Mandatory job transfer

Involuntary changes in employment

Other (Please explain): _____

4. By signing this request, I have read and agree to the conditions on the previous page.

Signature: _____

For Official Use Only – Do Not Write Below This Line

Registration Information: (verify course number and section, date withdrawn, special comments):

Registration Signature: _____ Date: _____

Financial Aid Signature: _____ Date: _____

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