



Roger Williams University
SCHOOL OF LAW

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Roger Williams University School of Law
Withdrawal Form
studentfinancerecords@rwu.edu

Name: _____ Student ID # _____

Address: _____ Telephone: _____

City/State/Zip: _____ Division: _____ Year: _____

Effective Date of Withdrawal: _____ Dean Approval: _____

Reason for Withdrawal: Please check one and fill in brief explanation in space provided.

____ Academic – Voluntary

____ Employment at _____

____ Financial - Lost Scholarships _____ Cost _____

____ Medical – Date of anticipated return _____

____ Transfer to _____ (name of institution)

____ Personal

Please also indicate if you have:

Returned Locker Key _____

Explanation:

Student Signature: _____ Date: _____