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

Name: ____________________________________________ Student ID # ________________

Current Address: ____________________________________ Telephone: __________________

City/State/Zip: _____________________________________ Year: _____

Effective Date of Withdrawal: _________________________

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

___ Academic

___ Employment at __________________________________________________________

___ Financial

___ Medical

___ Transfer to ______________________________________________(name of institution)

___ Personal

Explanation:

Student Signature: __________________________ Date: ________________

Dean Approval: __________________________ Date: ________________

*** Forwarding Address: __________________________

City/State/Zip: __________________________