

IMPACT Withdrawal Form

SECTION I: Learner Information

Learner Full Name (First, Last)	
RUID Number	
Phone	
Work Email	
Reason for Withdrawal	

SECTION II: Certificate, Course(s) or Micro Credential Information

Date Started	Name of Certificate, Course(s), or Micro Credential(s)

SECTION III: Approval

Learner Signature (required)		Date _____
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Note: Learners are responsible for any effect their withdrawal may have on eligibility for graduation, GPA financial eligibility, etc. Learners with questions should contact the Registrar's Office.

Office Use Only

Date Processed by IMPACT:	Entered by:
Date Processed by Registrar	Entered by: