

IMPACT Withdrawal Form

SECTION A: Learner Information

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

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

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

SECTION C: 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: