



Roger Williams University  
**SCHOOL OF LAW**

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**Roger Williams University School of Law**  
**Withdrawal Form**  
[studentfinancerecords@rwu.edu](mailto: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: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* Forwarding Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_