

Withdrawal from a Class

RVC Administrative Procedure (4:20.150)

Rock Valley College permits students to voluntarily withdraw from courses in accordance with established College deadlines, procedures, and applicable guidelines.

Purpose

The purpose of this procedure is to establish guidelines and processes for voluntary course withdrawals, including withdrawals related to medical conditions by way of an enrollment appeal to be in compliance with the Illinois Student Debt Assistance Act (110 ILCS 66/20).

Scope

This procedure applies to students enrolled in courses at Rock Valley College who seek to voluntarily withdraw from one or more classes or who seeks to pursue an enrollment appeal.

Department and Primary Point of Contact Involved

Department: Records and Registration

Primary Point of Contact: Registrar/Director of Records and Registration

Definitions

Voluntary Withdrawal

The process by which a student officially withdraws from a course or courses in accordance with college procedures and deadlines.

Enrollment Appeal

A withdrawal request related to an extenuating circumstance or hardship that significantly impacts a student's ability to continue coursework. Supporting documentation is needed upon submittal.

Procedure

1. Students are responsible for officially withdrawing from courses they are no longer attending. The registration form must be submitted to Records and Registration. The form can be found by going to the RVC website in the Forms and Resources area under Records and Registration or by visiting the Records and Registration office.
2. Voluntary withdrawals must be completed in accordance with college deadlines and published procedures.
3. Failure to officially withdraw from a course may result in academic and financial consequences, including final grades assigned in accordance with college policy.

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4. The college will establish specific withdrawal deadlines, methods, and documentation requirements.
5. Students requesting an enrollment appeal due to an extenuating circumstance or hardship will be required to provide supporting documentation (e.g., physicians note, caretaker verification, proof of financial hardship).
6. The appeals committee will review supporting documentation in accordance with applicable College procedures, and privacy requirements, and will send a letter by mail of the committee's decision within 30 calendar days.
7. Approved withdrawals may impact financial aid eligibility, veteran benefits, athletic eligibility, academic standing, or other student services and benefits.
8. The College may provide additional guidance and procedures related to withdrawal appeals, refunds, or exceptional circumstances.

Related Documents

Illinois Government Public Acts

Rock Valley College Catalog

Rock Valley College Website-Records and Registration and Registering for Classes

Reference: AR 314

Implemented: April 8, 2014

Revised: July 24, 2026

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REGISTRATION: Add/Drop/Withdraw

Student ID#	_____	DATE	____/____/____
Last Name	_____	First / M.I.	_____

ADDRESS: _____

ADD	DROP	*WITH-DRAW	ABBREV.	NUMBER	SECTION	CREDIT HOURS

PHONE: _____	BIRTHDATE: ____/____/____
DEGREE/CERTIFICATE: _____	STUDENT INTENT (Check One): ☐ Prepare to Transfer ☐ Improve Skills for Current Job ☐ Personal Interest/Self Development ☐ Prepare for a Future Job ☐ Other

*If withdrawing, please check the appropriate reason for your withdrawal (Check One):

☐ Personal Withdrawal ☐ Academic Withdrawal ☐ Medical Withdrawal ☐ Financial Withdrawal

Other: Please provide a brief explanation: _____

Student Signature: _____

OFFICE USE ONLY		
TERM: _____	COLLECTOR: _____	DATE: _____

SUBMIT THIS FORM FROM YOUR RVC STUDENT EMAIL TO:
rvc-records@rockvalleycollege.edu



Enrollment Appeal Request

[Return to: Records and Registration – Main Campus](#)

Directions

- Please fill in all items below and attach supporting documentation (doctor's note, hospital bill, etc.).
- Forms submitted without an explanation or supporting documentation will not be processed.
- Students are responsible for knowing refund deadlines and class start dates.
- Do NOT attach payment to this request.
- The Tuition Appeal Committee reviews requests and sends notification within 30 calendar days.

Name:	_____
Student ID:	_____
Address:	_____
City, State, Zip Code:	_____
Phone Number:	_____
Semester and Year:	_____
Receiving Financial Aid:	_____

Courses related to this request (include Abbreviation, Number, Section, first and last day of attendance):

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____

Request and Supporting Explanation:

Signed:	_____
Date:	_____

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Enrollment Appeal Committee (Office Use Only)

☐ Documentation Attached

☐ Approved: Tuition ☐ Approved: Enrollment

☐ Denied: Tuition ☐ Denied: Enrollment

Reason:
