

RHODE ISLAND COLLEGE SCHOOL OF NURSING APPLICATION WITHDRAWAL FORM

Student Name: _____ ID NUMBER: _____

I wish to withdraw my application to the School of Nursing for the _____
semester.

Student Signature: _____ Date: _____

Office Signature: _____ Date: _____

THIS FORM MUST BE SUBMITTED ELECTRONICALLY TO NursingAdmissions@ric.edu

NO LATER THAN 4PM ON MONDAY, MAY 17, 2021.