

**RHODE ISLAND COLLEGE ONANIAN 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](mailto:NursingAdmissions@ric.edu)***

***NO LATER THAN 24 HOURS FOLLOWING THE POSTING OF FINAL GRADES AT RIC.***