

Date _____

RHODE ISLAND SCHOOL OF DESIGN
Student Termination Form

Student's Name _____ Student ID# _____
(last 7 digits)

Department Name _____ Dept Acct # _____

Student's Position _____

Last Day of Work: _____ Reason for Leaving: _____

Supervisor Name _____

Supervisor Signature _____

please return to the Work-Study Office

- fax: 454-6412
- email: nhoffens@risd.edu (if emailing, no signature required)