



Course Withdrawal Form

Ramapo College of NJ
Office of the Registrar
505 Ramapo Valley Road
Mahwah, NJ 07430

Phone: 201 684 7695 Fax: 201

(Please Print)

Fall 20____ Winter 20____ Spring 20____ Summer 20____

Student ID Number: R_____

Student Name: _____

Ramapo E Mail Address: _____

CRN: _____

Title: _____ Credit: _____

Subject	Course Number	Section Number	Grade
_____	_____	_____	__W__

Signature: Date: _____

*****This form will not be accepted after the last day posted on the Academic Calendar.*****

Students are encouraged to discuss this withdrawal with their faculty member.

If you are receiving financial aid or loans, you should check with the Financial Aid office prior to withdrawing as your financial aid status may change.

Office Use Only
Date Received: _____

Date Recorded: _____

Accepted By: _____

Recorded By: _____