



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

Phone: 201-684-7695 Fax: 201-684-7956

Fall 20____ Spring 20____ Summer 20____

(Please Print)

Student ID Number: _____

Student Name: _____

Ramapo E-Mail Address: _____

Signature: _____

Review the Academic Calendar for Withdrawal deadline. It is the student's responsibility to obtain the instructor's signature and return the form to the Office of the Registrar by the deadline posted on the Academic Calendar.

INSTRUCTOR INFORMATION: A grade of "W" must be given for all course withdrawals. Please sign and date where indicated below that you have discussed this withdrawal with the student.

CRN: _____

Subject/Course Number/Section Number: _____

Title: _____

Grade: W

Instructor Signature: _____

Date: _____

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

Office Use Only

Date Received: _____

Date Recorded: _____

Accepted By: _____

Recorded By: _____