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: ________________________________

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