# 50% DROP FORM

☐ Fall 20____  ☐ Spring 20____  ☐ Summer 20____

Student Name (Print): __________________________________________

Ramapo E-mail Address (Print): __________________________________

Ramapo ID Number R___________________________________________

<table>
<thead>
<tr>
<th>CRN</th>
<th>Subj./CRSE/ Sec. #</th>
<th>Course Title</th>
<th>Credits</th>
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Credits originally registered for: ________________________________

Credits Dropping: ________________________________

Credits Remaining: ________________________________

Requests must be filed with the Office of the Registrar no later than the 50% drop date listed on the Academic Calendar.

This is a release form in order for the Office of the Registrar to DROP you from classes during the 50% Refund period.

It is the student’s responsibility to inquire if the dropping of this course(s) will impact their financial aid, scholarship, or student status.

Please note different refund dates apply to half-semester and courses.

Student Signature ____________________________________________

Date ____________________________________________

Office Use Only
Received By: _______________ Date: _______________ Entered By: _______________ Date: _______________