Please complete this form and submit to:
Office of the Registrar
505 Ramapo Valley Road, Mahwah, NJ 07430
Phone 201-684-7695 Fax: 201-684-7956
www.ramapo.edu

50% DROP FORM

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

Student Name (Print):_____

Ramapo E-mail Address(Print):_____

Ramapo ID Number **R**_____

CRN	Subj./CRSE/ Sec. #	Course Title	Credits

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: _____