



**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 \_\_\_\_\_

<u>CRN</u>	<u>Subj./CRSE/ Sec. #</u>	<u>Course Title</u>	<u>Credits</u>

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: \_\_\_\_\_