

Office of Student Services

**COURSE WITHDRAWAL FORM**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

 **ID Number:**

|  |  |  |
| --- | --- | --- |
| Last | First | MI |
| Address | Home Phone | Email |
| City | State | Zip | Work/Cell Phone |

 **SEMESTER AND YEAR** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am withdrawing from all classes: No Yes I am an NJ STAR student: No Yes

Is this withdrawal related to COVID-19? No Yes

(A grade of W is assigned the first 2/3 of the semester and carries no academic penalty; a WP or WF must be assigned in last 1/3 of the semester and WF’s equate to an F in the GPA. Please consult the Academic Calendar for exact dates)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WITHDRAWAL** | Dept Code | Course # | Section | Credits | Course Title | **College Use ONLY**Grade (circle one) Signature of Instructor |
|  | **EXAMPLE** **ACC** | **EXAMPLE** **101** | **EXAMPLE** **A1** |  | **EXAMPLE** ***Principles of Accounting 1*** | W, WP, WF |  |
|  |  |  |  |  |  | W, WP, WF |  |
|  |  |  |  |  |  | W, WP, WF |  |
|  |  |  |  |  |  | W, WP, WF |  |
|  |  |  |  |  |  | W, WP, WF |  |
|  |  |  |  |  |  | W, WP, WF |  |

*Reason for Withdrawing (circle one)*

Instructor Scheduling Academic Financial Family/Personal Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Consulted with Financial Aid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Students MUST meet with the Financial Aid Office (FAO) if they are receiving any grants, loans, work-study or veterans affairs benefits prior to processing their withdrawal form.**

***By signing below, I understand that I am responsible for all financial obligations associated with altering my schedule.***

**I understand I am responsible for 100% tuition. I have spoken to financial aid and understand the implications of withdrawing from a class on my financial aid.**

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*White: Student Pink: Financial Aid*