



COURSE WITHDRAWAL FORM

ID Number:

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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

(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 <i>Principles of Accounting 1</i>	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: _____

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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:** _____