



**Course Withdrawal Form**

Ramapo College of NJ  
Office of the Registrar  
505 Ramapo Valley Road  
Mahwah, NJ 07430

Phone: 201 684 7695 Fax: 201

\_\_\_\_\_  
**(Please Print)**

Fall 20\_\_\_\_ Winter 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

Student ID Number: R\_\_\_\_\_

Student Name: \_\_\_\_\_

Ramapo E Mail Address: \_\_\_\_\_

CRN: \_\_\_\_\_

Title: \_\_\_\_\_ Credit: \_\_\_\_\_

Subject	Course Number	Section Number	Grade
_____	_____	_____	__W__

Signature:  Date: \_\_\_\_\_

**\*\*\*This form will not be accepted after the last day posted on the Academic Calendar.\*\*\***

Students are encouraged to discuss this withdrawal with their faculty member.

**If you are receiving financial aid or loans, you should check with the Financial Aid office prior to withdrawing as your financial aid status may change.**

*Office Use Only*  
Date Received: \_\_\_\_\_

Date Recorded: \_\_\_\_\_

Accepted By: \_\_\_\_\_

Recorded By: \_\_\_\_\_