

Office of the Registrar

Blumenthal Hall 249 University Avenue, 3rd floor Newark, NJ 07102 Website: http://registrar.newark.rutgers.edu Contact: https://go.rutgers.edu/myrunsupport

Fax: 973-353-1357

	<u>NOT</u>	FICATIO	FOR OFFICE USE ONLY			
Student must complete this form for complete withdrawl from the semester. The signatures at the right must be secured by the student.					The <u>EFFECTIVE WITHDRAWAL DATE</u>	
LAST NAME			FIRST	M.I.	(Date Student Ceased Attending Classes)	
					DEAN'S SIGNATURE & DATE	
EXPECTED YEAR OF (GRADUATION	MAJOR		RUID (9 Digit II		
					x	
Are you receiving Financial Aid?	YES	NO	Students receiving F obtain signature of Fil			
Are you living in University Housing?	YES	NO	Students living in Un obtain signature of		HOUSING OFFICER'S SIGNATURE & DATE (Required if you live in Univ. Housing)	
Are you an International Student attending Rutgers under a Visa?	YES	NO	Students attending und must contact the Interna Scholar Servio	ational Student an		
Are you receiving VA Educational Benefits?	YES	NO	Students receiving VA E should consult with the			
			TO THE I	REGISTRAR:		
I wish to withdraw f	Sch	ool Name ect one from	menu):		Year Semester	
Explain briefly:						
			I MAY BE C	ONTACTED AT:		
Street Number		Apt.	City Stat		State Zip Code	
Preferred Phone Number			Rutgers Email Address	S		
STUDENT'S SIGNA	ATURE				DATE	
Employee Initials:		RU Here:	OFFICE	USE ONLY		
Date Processed:		Bill Pay:	_	Emailed: Studer	C	
X:		Effective Date		Inte	ernational Office Other:	