

<u>NOTIFICATION OF WITHDRAWAL</u>				<u>FOR OFFICE USE ONLY</u>	
Student must complete this form for complete withdrawal from the semester. The signatures at the right must be secured by the student.				<u>EFFECTIVE WITHDRAWAL DATE</u>	
LAST NAME		FIRST	M.I.	(Date Student Ceased Attending Classes)	
EXPECTED YEAR OF GRADUATION		MAJOR	RUID (9 Digit ID)	<u>DEAN'S SIGNATURE & DATE</u>	
				X _____	
Are you receiving Financial Aid?	YES _____	NO _____	Students receiving Financial Aid must obtain signature of Financial Aid officer.	<u>FINANCIAL AID OFFICER'S SIGNATURE & DATE</u> <small>(Required if you are receiving Financial Aid)</small>	
				X _____	
Are you living in University Housing?	YES _____	NO _____	Students living in Univ. Housing must obtain signature of Housing Officer.	<u>HOUSING OFFICER'S SIGNATURE & DATE</u> <small>(Required if you live in Univ. Housing)</small>	
				X _____	
Are you an International Student attending Rutgers under a Visa?	YES _____	NO _____	Students attending under a F1 or J1 Visa must contact the International Student and Scholar Services Office.	<u>INTERNATIONAL STUDENT & SCHOLAR SERVICES SIGNATURE & DATE</u> <small>(Required if you are enrolled with F1 or J1 Visa)</small>	
				X _____	
Are you receiving VA Educational Benefits?	YES _____	NO _____	Students receiving VA Educational Benefits should consult with the Certifying Official.	<u>STUDENT ACCOUNTING SIGNATURE & DATE</u>	
				X _____	
<u>TO THE REGISTRAR:</u>					
I wish to withdraw from: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> School Name Year _____ Semester _____ </div>					
For the following reasons (select one from menu):					
Explain briefly: _____					
<u>I MAY BE CONTACTED AT:</u>					
Street Number _____		Apt. _____	City _____	State _____	Zip Code _____
Preferred Phone Number _____			Rutgers Email Address _____		
STUDENT'S SIGNATURE			DATE		
Employee Initials: _____			OFFICE USE ONLY		
Date Processed: _____		RU Here: _____	Emailed: _____	Student Accounting _____	Financial Aid _____
X: _____		Bill Pay: _____	International Office _____	Housing _____	Veterans _____
Effective Date: _____		Other: _____			