

Notification of Withdrawal

Students who withdraw voluntarily from the School of Public Health prior to the completion of courses during a semester must submit their request for withdrawal by submitting the appropriate form to the Associate Dean for Student Affairs. This withdrawal will become part of the student's permanent record. Once a withdrawal has been approved by the Associate Dean for Student Affairs, the student will be notified in writing, and a copy of the notification will be forwarded to the Office of the Registrar for any corresponding tuition adjustment. Mere absence from classes does not reduce a student's financial obligation or prevent the assignment of a final grade. Students who stop attending classes without officially withdrawing from the course will be liable for all corresponding tuition and fees, and will receive grades of "F" (Fail) at the end of the semester. Students who do not register or request an official leave of absence by the last date to register for courses will be administratively withdrawn from the School. Students may return the following semester, but will be required to reapply.

1. **Name:** _____ **Student ID#:** _____
Last Name *First Name* *Middle Initial*
2. **Rutgers Email Address:** _____
3. **Current Mailing Address:** _____
Include Number, Street and Apt. Number *City* *State* *Zip Code*
4. **Phone Numbers:** _____
Home Telephone Number (incl. area code) *Business Telephone Number (incl. area code)* *Mobile Telephone Number (incl. area code)*
6. **Location:** *(please check one)* **New Brunswick** **Newark**
7. **Department/Concentration:** _____
8. **Are you enrolled at the School of Public Health on a student Visa (F-1, J-1)?** **Yes** **No**
9. **Are you receiving Financial Aid?** **Yes** **No** *(Students receiving Financial Aid must obtain signature from the Financial Aid Officer.)*
10. **Have you been absent from the School of Public Health before?** **Yes** **No** **When:** _____

TO THE REGISTRAR

I will be withdrawing from classes at the School of Public Health for the _____ due to: *(indicate reason)*

- Academic Personal Financial Health Relocation ^{*(semester & year)*}
 Transfer to *(please explain):* _____ Other *(please explain):* _____

Explain briefly:

Student Signature	Date
Department Chair/Concentration Director/Leader Signature	Date
Director of Student Support Services Signature	Date
Financial Aid Office Signature <i>(only if you are receiving Financial Aid)</i>	Date
Office of the Registrar Signature	Date

**RETURN TO
OFFICE OF
STUDENT AFFAIRS**

Copies to:
Academic Advisor
Office of the Registrar
Dept Chair/Conc Director/
Leader
Student