RUTGERS HEALTH
School of Public Health

Office of Student Experiences, Public Health Practice, and Alumni Affairs
Rutgers, The State University of New Jersey
sph.rutgers.edu
sphinfo@sph.rutgers.edu

At New Brunswick
School of Public Health Bldg
683 Hoes Lane West, Room 110
Piscataway, NJ 08854
p. (732) 235-4646

At Newark
School of Public Health
1 Riverfront Plaza
Newark, NJ 071012
p. (973) 972-7212

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 Assistant Dean for Student Experiences and Alumni Affairs. This withdrawal will become part of the student's permanent record. Once a withdrawal has been approved by the Assistant Dean for Student Experiences and Alumni 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not register or request an official leave of absence by the last date to register for courses will be administratively withdrawn from the School.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 in a subsequent 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** ❑ **Online**
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)*
(semester & year)

❑ Academic ❑ Personal ❑ Financial ❑ Health ❑ Relocation

❑ Transfer to *(please explain)*: _____ ❑ Other *(please explain)*: _____

Explain briefly:

_____ _____
Student Signature Date Academic Advisor Signature Date

_____
Department Chair/Vice-Chair/Concentration/Program Director/Leader Signature Date

_____
Assistant Dean for Student Experiences and Alumni Affairs Signature Date

_____
Financial Aid Office Signature (only if you are receiving Financial Aid) Date

_____
Office of the Registrar Signature Date

RETURN TO OFFICE OF STUDENT EXPERIENCES

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