

Office of the Registrar
Hepburn 214
Email:Registrar@njcu.edu
Website:<https://www.njcu.edu/registrar>
Phone: 201/200-3334
Fax: 201/2002062

WITHDRAWAL REQUEST FORM

(PRINT) LAST NAME	FIRST NAME	STUDENT ID NUMBER	GothicNet ID#	SEMESTER/YEAR
-------------------	------------	-------------------	---------------	---------------

Undergraduate

Graduate

If change of address is required, log onto GothicNet and complete change of address online or complete the "Change of Personal Data Form" located outside of Registrar's Office, H-214. After office hours place form in mail slot on door of H-214.

NOTE TO STUDENT:

It is the student responsibility to be aware if

FILL IN CLASS NUMBER AND COURSE TITLE:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

REGISTRAR'S OFFICE USE ONLY:

_____ YES _____ NO "W" grade granted
_____ YES _____ NO 50% Reduction of charges
_____ NO Refund

Registrar's Staff Initials

Date

Dean/Instructor Signature (as required)

Student Signature

Date

Email z (μ]œ •

CC:Original - Registrar Office
Copy- Student

9/2016 lcr