RUTGERS
THE STATE UNIVERSITY OF NEW JERSEY

NOTIFICATION OF CANCELLATION OR WITHDRAWAL

The student must complete this form, obtain the appropriate signatures and return the completed form to the School of Environmental and Biological Sciences, Office of Academic Programs and Research, Martin Hall, 2nd Floor, Cook Campus. This form will be invalid unless returned within 72 hours after the Dean's signature. The effective date for calculating refunds, if applicable, will be the date this form was signed by the first Dean.

*Student ID Number*_____ _____

Name: _____
Last *First* *Middle*

Address: _____
Number and Street

_____
City, State and Zip Code

I wish to withdraw from _____

*for the*_____/_____ *term for the following reason: (please check below)*
enter year *enter term*

(check reason(s): ____ *Personal* ___ *Financial* ___ *Health* ___ *Other*

Explain briefly, your comments will be kept confidential.

_____

_____

_____

Signature of Student _____ *Date* _____

APPROVAL SIGNATURES

Office of the Academic Dean _____/_____
(Official Signature) *(Effective Date)*

Financial Aid Officer _____/_____
(signature needed if you have financial aid) *(Date)*

Received by Registrar's Office on: _____ 2/07