

The College of New Jersey

Office of Records & Registration
P.O. Box 7718, Ewing, NJ 08628-0718
609-771-2141

COURSE WITHDRAWAL REQUEST

NAME: Last First M.I.	ID #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (8 digit TCNJ ID or 9 digit S.S. #)
PHONE: EMAIL:	MAJOR: CLASSIFICATION:

By submitting this form to the Office of Records and Registration, you are acknowledging that you have read the college policy regarding refunds of tuition and fees (<http://www.tcnj.edu/~osfa/refund.html>) and wish to withdraw from the following course. NOTE: You have up to the ninth (9th) week of the semester to withdraw from a course.

PLEASE NOTE: Students may not withdraw from a course designated as “Basic skills/ Developmental” with a course number below 100.

Course Name & Number (ex. IDS 555-01)	Time & Day(s)	Course Title	Instructor
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SEMESTER: Year _____ Fall Spring Summer

CHECK IF YOU ARE:

Taking only this course* A graduating senior

PLEASE NOTE: If you are taking only one course or are withdrawing from all semester courses, DO NOT complete this form. You will need to complete an "Intent to Withdraw" form at <http://www.tcnj.edu/~recreg/withdrawal/index.html> to officially Withdraw or take a Leave of Absence from the College.

While an advisor’s signature is not necessary students are encouraged to be proactive by seeking academic advisement before withdrawing from a course. For purposes of institutional data collection please answer the following question:

Have you met with your advisor prior to withdrawing from this course? YES NO

Student’s Signature

Date