

DROP/ADD/WITHDRAWAL FORM

ID #: _____

PLEASE PRINT

Date: ____ / ____ / ____

Last Name:	First Name:	M.I.
Address:		
City and State:	Zip:	County of Legal Residence:
Home Phone:	Alternate Phone:	
E Mail Address:		

SEMESTER: (check one)	
YEAR _____	FALL _____
SPRING _____	WINTERIM _____
SUMMER I _____	II _____ III _____

REASON: _____

ARE YOU A NEW JERSEY STARS STUDENT:

YES NO

DROP/WITHDRAWAL				ADD			
COURSE and NUMBER	SECTION NUMBER	COURSE NAME	CREDITS	COURSE and NUMBER	SECTION NUMBER	COURSE NAME	CREDITS
TOTAL CREDITS DROPPED				TOTAL CREDITS ADDED			

IF YOU WITHDRAW/DROP AND ARE NOT ENROLLED FOR AT LEAST 12 CREDITS, YOU WILL NOT BE CONSIDERED FULL-TIME.

Student Signature: _____

Authorized Signature: _____

Faculty/Dean Signature (If Needed): _____

REGISTRAR OFFICE USE ONLY		
_____ Credit(s) 100% plus fees (Less Deposit)	_____ Even Exchange of Credits _____ Credit(s) Added _____ Added Lab Fee Only	<input type="checkbox"/> Past Refund Period Grade: W
_____ Credit(s) 50% less fees	Date: _____ Initial: _____	
_____ Credit(s) Canceled Course		
_____ Refund Lab Fee Only		