MONTCLAIR STATE UNIVERSITY – OFFICE OF THE REGISTRAR

COURSE WITHDRAWAL FORM

Student ID Number: **Semester/Year:**

Fill in full course number, section number and title of the course to be dropped:

____ - ____ - ____

____ - ____ - ____

____ - ____ - ____

____ - ____ - ____

____ - ____ - ____

Name and Address (Please Print)

NOTE TO STUDENTS: It is your responsibility to be aware of any credit load restrictions that are associated with special programs , financial benefits, athletics, etc.

***** Date of withdrawal is the date of receipt within the Office of the Registrar or the U.S. postmark for those received through the U.S. mail.
****** Courses which have been paid for and dropped before the first day of class will be processed as 100% refunds.

Refunds will be processed by Student Accounts within 5-8 weeks from the date of withdrawal.

SEE APPROPRIATE SCHEDULE OF COURSES BOOK FOR SPECIFIC WITHDRAWAL AND REFUND DEADLINES.

OFFICE USE ONLY

Prior to the first day of class: _____
100% Refund: _____
50% Refund: _____
No Refund: _____
DATE PROCESSED ON SIS: _____

Staff Initials: *Date:

Student Signature Date

SEE APPROPRIATE SCHEDULE OF COURSES BOOK FOR SPECIFIC WITHDRAWAL AND REFUND DEADLINES (www.montclair.edu/registrar/schedulebook)

Distribution: Original: Office of the Registrar / Copy: Student

W06/11