

Office of the Registrar Campus: Seahorse Plaza, P.O. Box F 60087, Freeport, Grand Bahama Administrative Offices: 630 US Highway 1, Suite 300 North Brunswick, NJ 08902 TEL: (732) 509-4600 FAX (732) 509-4820 Email: Registrar@RossU.edu www.RossU.edu

School of Medicine

Application for Withdrawal Basic Sciences-Bahamas

[Please print clearly]

Name:		Student ID#		
(Last, Firs	t, MI)			(Nine-digit)
Address:				
(Street)	(Apt. #)	(City)	(State)	(Zip Code)
Telephone No: ()		Email Address:		
Last Date of Attendance	:			
Reason for Withdrawal: (Circle one)	Personal Medical Transfer to another i Other_	nstitution	_	
Current Semester Date:	May Sept. (Circle one)		mester #: 1	2 3 4 5 (Circle one)

- Application for withdrawal must be submitted to Student Services after you've obtained the signatures listed below. The request will be forwarded to the NJ Office of the Registrar for review regarding compliance with University policies. This withdrawal is not valid until it is processed and recorded by the University Registrar and the student has received a confirmation copy.
- Withdrawal from a single course during a semester is not permitted. A student electing to withdraw from RUSM
 prior to the time of the first examination will receive a grade of "W" on his/her transcript. Those leaving after taking
 one or more interim examinations will receive "WP" (withdrawn passing) grades or "WF" (withdrawn failing) based
 on their performance on the examination(s) taken.
- Students who wish to return to RUSM after withdrawing must apply for readmission online at
 <u>http://www.rossu.edu/medical-school/apply/</u>. Those who received "WF" in any of their courses at the time of
 withdrawal will be reviewed by the Promotions Committee to determine whether they are eligible for readmission.

I have read and understand the University regulations regarding withdrawals as specified here and in the Student Handbook.

Student's Signature	Date
For Of	fice Use Only
Assistant Dean (Dr. Robinson):	Determination Date:
Associate Dean (Dr. Myers):	Date:
Director of Student Services:	Date:
University Registrar (New Jersey):	Date: