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WITHDRAWAL / LEAVE OF ABSENCE

Enter your information and return the completed form to the School of Environmental and Biological Sciences, Office of Academic Programs, **Martin Hall, Room 205** on Cook Campus. **International students** must contact the Center for Global Studies *before* submitting this form.

Last Name:	First Name:	Middle Initial:
RUID:	Email:	Cell Phone:
Street Address:		State: Zip Code:
Statement	of Withdrawal	Student Statement of Responsibility
and Biological Sciences at F Fall Spring for the following reason(s): Personal Finance	ne School of Environmental Rutgers University in the: of 20 ial Medical Other ents will be kept confidential:	I understand that it is my responsibility to contact the Offices listed below that pertain to my situation. I have marked the appropriate offices that I am required to contact: Educational Opportunity Fund (EOF)
		I understand that if I fail to contact and fulfill the requirements these offices as applicable to my situation, charges to my account will continue.
Student's Signature:		Date:
Dean's Signature:		Date
time, you are	e to return to Rutgers Univers required to apply for reenrol sions.rutgers.edu/reenrollme	lment at: