

## Student ID

Student's Full Name			
	Last	First	Middle Initial
Program Version			

## It is recommended that I verify this drop has been processed on my student record and retain a copy of this form as proof.

Drop					
SUBJECT	COURSE #	SECTION	COURSE NAME	CREDITS	PART OF TERM

Student Signature	Date <b>BEOLURED</b> Comple	Advisor Signature ted forms will be processed by the One Stop.	Date			
I am dropping from my course(s), and I have incurred a bill for these courses that must be paid.						
If I never attended the course(s), a grade of "NA" will appear on my permanent transcript. I will not be permitted to drop after an "NA" is posted.						
I understand that I will be assigned a final grade of "W" grade on my permanent transcript signifying withdrawal for the course(s) listed above.						
Full-Time Status: I understand that if I drop below 12 credits per semester, my athletic eligibility, financial aid awards, EOF award, NJ STARS award, F1 Visa, Veterans' Benefits, health insurance policy and/or Rowan Choice housing may be negatively affected.						
I understand my decision to drop from my classes may have ramifications on my academic standing, financial aid, or scholarships						
It is the student's responsibility to investigate wit award, or academic progress.	h each department (Fir	nancial Aid, Athletics, etc.) how dropping from course	(s) will impact their status, aid			

Processed: