



Vice President for Student Life/
 Dean of Students
 Savitz Hall- 201 Mullica Hill Rd.
 Glassboro, NJ 08028
 Phone: 856-256-4283
 Fax: 856-256-4469

University Withdrawal/ Leave of Absence Petition

Student Name: _____ Banner ID Number: _____

Phone Number: _____ Rowan E-Mail: _____

Student Status: _____ Address: _____

Undergraduate

Graduate CGCE

Action Sought:

Withdraw from the University

Withdraw from Current Semester

Leave of Absence

Beginning Semester: _____
 Provides up to four semesters to re-enroll without applying for readmission to the University. **The registrar charges a service fee which will be billed to your student account.**

Reason:

Academic Financial Medical

Transferring Other: _____

Disciplinary Action Pending:

Yes No
 Withdrawal/Leave may not be approved while disciplinary action is pending. Contact the Office of Community Standards and Commuter Services for more information.

Refund Requested:

Yes No

Students are not eligible for any refund of tuition or fees after the add drop deadline. If you are requesting refund of tuition and fees after this deadline, you must attach a letter explaining your request along with supporting documentation. Documentation must **post-date** the start date of the semester.

Consultations:

Students must consult with each office listed to review the implications of the requested action.

Financial Aid
 Withdrawal or non-attendance may result in significant reduction in eligibility for loans or other aid.
 Representative: _____ Date: _____
 Notes: _____

Bursar
 Students must consult the Bursar's Office to determine if any balance must be paid or if any refund is due. Leave of Absence service fee must be paid prior to approval of leave.
 Representative: _____ Date: _____
 Notes: _____

Residential Learning & University Housing
 Refund of housing fees is subject to the prorated refund schedule stated in the University Housing Contract.
 Representative: _____ Date: _____
 Notes: _____

I am the above referenced student and have submitted this request with the full understanding of my responsibility to read and understand University policies and guidelines pertaining to registration, admission, enrollment terms, and financial responsibilities as outlined in the University Catalog and Student Handbook.

Student Signature: _____ Date: _____

DEAN OF STUDENTS' USE ONLY

Request Approved
 Effective Date/Semester: _____

Not Approved

Refund Approved Refund Not Approved

By: _____ Date: _____
 Vice President/Dean of Students or Designee

REGISTRAR'S USE ONLY

Processed By: _____ Date: _____
 Registrar or Designee

Notes: _____

