



Office of the Dean
 Ernest Mario School of Pharmacy
 William Levine Hall, Busch Campus
 Rutgers, The State University of New Jersey
 160 Frelinghuysen Road
 Piscataway, NJ 08854-8020

pharmacy.rutgers.edu
 848-445-2675
 Fax: 732-445-5767

LEAVE OF ABSENCE/WITHDRAWAL

Please return completed form to the Ernest Mario School of Pharmacy's Office of Academic Services,
 William Levine Hall, Room 277A/B on Busch Campus.

Name: _____ RUID: _____
Last First MI

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ NetID: _____ Non-RU Email: _____

STATEMENT OF WITHDRAWAL/LEAVE OF ABSENCE

Please indicate your selection/s below to withdraw from ALL courses. If you are withdrawing from a single course, please visit the Office of Academic Services.

I wish to withdraw from Ernest Mario School of Pharmacy at Rutgers University in the

_____/_____
Semester Year semester, for the following reasons:

Personal Financial Medical Other

Please explain briefly: _____

I wish to return to Ernest Mario School of Pharmacy at Rutgers University in _____ / _____
Semester Year

I do not wish to return.

Please be aware that your withdrawal/leave of absence from the Ernest Mario School of Pharmacy and Rutgers, The State University of New Jersey is voluntary. Should your absence extend beyond one academic year, you are welcome to contact the Office of Academic Services by letter to request readmission and the options available to you at any time. Please note neither the school nor the university is required to readmit you should you decide to reapply.

STUDENT STATEMENT OF RESPONSIBILITY

Please indicate the University departments for which you receive services. Please note, this is not an exhaustive list and you are responsible for contacting these departments upon your departure. Failure to do so may result in additional fees.

Housing	Dining Services	International-Global Student Services
Financial Aid	Student Accounting	Veterans Services and Military Services
Parking Services	Honors Program/Honors College	Educational Opportunity Fund

 Student's Signature (may not be typed) Date EMSOP Dean Signature Date

EMSOP STAFF USE ONLY

OAS Received: _____ ID Access: _____ Advisor Notified: _____
 OAS Sent: _____ EMSOP Class Year: _____ Exper. Office Notified: _____