



Dean of Students Office  
326 Penn Street  
Camden, NJ 08102  
856-225-6050  
deanofstudents@camden.rutgers.edu

### ADVISOR'S FORM

**TO: CCAS SCHOLASTIC STANDING COMMITTEE – RUTGERS, CAMDEN CAMPUS**

**PART I. TO BE COMPLETED BY THE STUDENT**

DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ RU ID #: \_\_\_\_\_

SCHOOL #: \_\_\_\_ 50 – College of Arts & Sciences or \_\_\_\_ 64 – University College

NAME OF COURSE            SCHOOL #    SUBJECT #    COURSE #    SECTION #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF ADVISOR: \_\_\_\_\_ SEMESTER: \_\_\_\_\_

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**PART II. TO BE COMPLETED BY THE ADVISOR AND RETURNED WITHIN FIVE (5) DAYS TO THE SCHOLASTIC STANDING COMMITTEE, ACADEMIC ADVISING OFFICE, 311 COOPER ST.**

**The above student is petitioning the Scholastic Standing Committee to retroactively withdraw from the above course. Your comments will aid the Committee in making a decision.**

1. In your opinion, why do you believe the student wishes to withdraw from this course?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. In many cases, a student's reason for withdrawing from a course is personal. If you have discussed personal problems, a brief comment could be helpful to the Committee.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Any additional information that you believe would assist the Committee in making a decision will be appreciated. Please use the reverse side if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_