



# LEAD Change Request Form

Mail form to Registrar's Office at Pillar College, 60 Park Place, Suite 701, Newark, NJ 07102 or fax to (973) 242-3282

- You will receive a response by letter or e-mail within 10 business days via preferred method of confirmation below.
- If you are currently in the midst of taking a course, you are fully accountable for your course work. You should continue to go to classes and complete coursework until you are notified of the outcome of the petition.
- If you received financial aid any changes to your schedule must be approved by the Director of Financial Aid.

Student Name \_\_\_\_\_ Student Email: \_\_\_\_\_

Program:  Biblical Studies     Psychology and Counseling     Bus. Admin and Management

Preferred method of confirmation:     Mail to address on file    Cohort Location: \_\_\_\_\_  
 Student Email

## I. Program Change (Indicate desired new program below)

Program Requested: \_\_\_\_\_ Cohort Location: \_\_\_\_\_

## II. Cohort Change for Individual Course

*If the course requested is outside of your current term, you will be responsible for additional tuition charge(s).*

Withdrawal from Course(s)  
Code & Course Title: \_\_\_\_\_ Cohort Location: \_\_\_\_\_ Start Date: \_\_\_\_\_

Course Added  
Code & Course Title: \_\_\_\_\_ Cohort Location: \_\_\_\_\_ Start Date: \_\_\_\_\_

## III. Cohort Change (Indicate first class you will join in desired new cohort location and start date below)

Code & Course Title: \_\_\_\_\_ Cohort Location: \_\_\_\_\_ Start Date: \_\_\_\_\_

## IV. Request Extension / Incomplete Grade (Instructor approval required. See policy on back)

Code & Course Title: \_\_\_\_\_ Cohort Location: \_\_\_\_\_ Start Date: \_\_\_\_\_

## V. Request Leave of Absence

Start Date of Leave: \_\_\_\_\_ Anticipated Return Date: \_\_\_\_\_

Explanation: \_\_\_\_\_

## VI. Request to Withdraw from Program

Reason: \_\_\_\_\_  
\_\_\_\_\_

Signatures Required on Back

**STUDENT AFFIRMATION:**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADMINISTRATIVE ACTION:**

Registrar: \_\_\_\_\_ Date Received: \_\_\_\_\_

Dean of LEAD: \_\_\_\_\_  Approved  Denied Date: \_\_\_\_\_

Financial Aid Director: \_\_\_\_\_  Approved  Denied Date: \_\_\_\_\_

Course Instructor: \_\_\_\_\_  Approved  Denied Date: \_\_\_\_\_

**Comments:**

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**Incomplete Grade Policy**

An "Incomplete" may be allowed by a professor only in circumstances of bereavement, serious illness, or other crisis, which prevent a student's timely completion of course requirements. Students are responsible to contact the professor by the final day of class to receive an "incomplete". The purpose of an "Incomplete" is to allow students under such circumstances a reasonable period of time to complete their work. Therefore, the maximum time allowed for an "Incomplete" is three weeks beyond the official end of course date. After three weeks an "Incomplete" must be replaced by a grade representing the work accomplished to date.

**Copies of this form must be submitted to the Business, LEAD and Registrar's Offices to be filed in Student's Records.**