


 This is a COVID related withdrawal

 This is **NOT** a COVID related withdrawal

Withdrawal Form

- The student requesting a Withdrawal must contact the Financial Aid and Business Offices to determine how financial accounts will be impacted.
- 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 to write tests and examinations until you are notified of the outcome of the petition.

Student Name _____ Student ID: _____

 Preferred method of confirmation: Mail to address on file Student Email: _____

I. Withdrawal from individual course *(requires Instructor Approval)*

Course Title: _____ Instructor: _____

Reason for Withdrawal from course: _____

II. Withdrawal from Pillar College

(If courses still in progress, requires exit interview with Financial Aid and Business Office)
Reason for Withdrawal (rank in order if more than one):

___ Financial Difficulty	___ Transferring Out (Why?)	___ Relocating
___ Academics (Please explain)	___ Dissatisfied (Please explain)	___ Timing (Please explain)
___ Medical (Personal or Family)	___ Crisis (Please explain)	___ Other (Please explain)

Please explain: _____

Withdrawal from Course Policy

Students who withdraw from a course between the second week of classes and mid-term receive a grade of "W" (withdraw). Students who drop a course after mid-term will receive a grade of "WP" (withdraw passing) or "WF" (withdraw failing). No credit or quality points will be assigned. Students who fail to notify the Registrar of their intentions to withdraw will receive a grade of "F" for the course. Requests to withdraw after the deadline will require Academic VP / Dean approval (see academic calendar for deadline dates).

I have read the petition from thoroughly and understand all the requirements stated herein:

Student's Signature: _____ Date: _____

 Return this form to the Registrar's Office at Pillar College: 60 Park Place, 20th Floor, Newark, NJ 07102. Fax to 973-556-1154.

ADMINISTRATIVE ACTION

 Department Chair or Dean: _____ Approved Denied Date: _____

Comments: _____

 Financial Aid Staff: _____ Approved Denied Date: _____

Comments: _____

Registrar: _____ Date Received: _____