



Rockland Campus
 Undergrad Registrar SADE Registrar
 Nyack College Nyack College
 1 South Blvd 1 South Blvd
 Nyack, NY 10960 Nyack, NY 10960
 (845) 675-4734 (845) 675-4464
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Rockland ATS Campus
 Graduate Registrar
 Nyack College
 350 N Highland Ave
 Nyack, NY 10960
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 (845) 348-3918 (fax)

New York City Campus
 Registrar
 Nyack College
 2 Washington Street
 New York, NY 10004
 (646) 378-6192
 (917) 237-0399 (fax)

Scan completed form to Registrar@Nyack.edu

Institutional Withdrawal

Name: _____ ID#: _____

Degree Program: _____ Campus: _____ Date: _____

I am withdrawing from Nyack College/ATS effective (date): ____/____/____ (month/day/year)

As applicable: I will be leaving the campus housing as of ____/____/____ For Residence Life purposes

The reason(s) for my withdrawal are as follows:

- Change of Vocational Intent
 Financial
 Marriage
 Birth
 Death in family
 Transferring
 Dissatisfaction with Nyack/ATS
 Illness
 Other _____

Please share with us any way you feel we could have helped you to have a more successful experience: _____

- I DO expect to return for the _____ semester.
 I DO NOT expect to return.

Tuition Refund schedule for students who withdraw:

- 100% refund if student withdraws by the end of the registration period (end of add/drop).
- 80% refund if student withdraws by the end of the second week.
- 60% refund if student withdraws by the end of the third week.
- 40% refund if student withdraws by the end of the fourth week.
- 20% refund if student withdraws by the end of the fifth week.
- No refund if student withdraws more than five weeks.

*Note: Withdrawal may jeopardize student eligibility for scholarships, loans, grants, athletics, and college-owned housing. Students are responsible for any remaining balance.

- I have read the Tuition Refund schedule and Note.

Please sign your name below if you understand and agree to these conditions, and to affirm that you understand it is your responsibility to be informed of Nyack College registration and financial policies, and to comply with those policies. Your signature indicates that you agree to pay any balance due as a result of the withdrawal.

 Student's Signature

 Date

For Office Use Only

Schedule ____ WD Student Group ____ Moved to WD status ____ CUM GPA ____ SAP hold applied? Y / N
 Distribution: SFS
 Student Dev.
 Housing
 TAP Assessor (NY)
 Registrar
 Advisor
 Housing
 Library