

**PINE MANOR COLLEGE  
OFFICE OF INSTITUTIONAL RESEARCH, RECORDS & REGISTRAR  
REQUEST FOR WITHDRAWAL**

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Permanent Address:

\_\_\_\_\_ Street

\_\_\_\_\_ City State Zip Code

Country: \_\_\_\_\_

Circle One: Resident or Commuter

Residence at Pine Manor College: \_\_\_\_\_  
Village House Room #

Commuter Address: \_\_\_\_\_

Entrance Date: \_\_\_\_\_ Major: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

**Reason for Withdrawal Request:**

\_\_\_\_\_ Personal \_\_\_\_\_ Transfer to: \_\_\_\_\_  
\_\_\_\_\_ Medical \_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_ Financial

- Withdrawals are not processed until the student and Registrar sign this form.
- Please note that all International students must meet with the International Student Advisor.

*By signing this form and obtaining the signatures of the offices below, I acknowledge that I am voluntarily withdrawing from Pine Manor College. I understand that this action will change my enrollment status and that it is my responsibility to follow-up with each of these offices to resolve any outstanding obligations.*

**Student:** \_\_\_\_\_

**Director of Student Accounts:** \_\_\_\_\_

**Director or Assistant Director of Financial Aid:** \_\_\_\_\_

**Residence Life:** \_\_\_\_\_

**Associate Dean for Student Success and Academic Services:** \_\_\_\_\_

**Registrar:** \_\_\_\_\_

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For Office Use Only

Effective Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_