

William Paterson University
COVID-19 Reopening Safety
Pioneer Pledge for Students
Fall 2021

Name _____

Banner ID _____

William Paterson University has developed protocols for returning to campus designed to minimize the risk of COVID-19 to the University community. These protocols may be updated as information and guidance evolve, and all members of the William Paterson community will be required to adhere to any such revised protocols.

By indicating that I have read and acknowledged each of the following requirements, I agree to:

_____ Wear a mask (that covers both nose and mouth) in places where University officials designate masking is required. The university will be following masking policies based upon local COVID-19 transmission rates designated by the Centers for Disease Control and Prevention. There are certain departments where all individuals are required to adhere to wearing masks at all times. This includes the Counseling, Health and Wellness Center, the Athletic Training Room, nursing clinical or lab settings, the Speech and Hearing Clinic and Cheng Library. The Residence Halls require masks in all common and public places. I understand that the University will continue to monitor conditions and will provide updates on masking status for the community. I am responsible for complying with the most recent directive.

_____ Wear a mask in the presence of others, maintain social distancing (when possible) and participate in regular COVID-19 testing **if I have been approved for a medical or religious exemption from vaccination.**

_____ Refrain from coming to campus if I have been diagnosed with, have symptoms of, or have been exposed to COVID-19 and will fill out the COVID-19 Symptom and Exposure Form found in WPConnect. I expressly understand I am not permitted to return to classes or activities until I have been cleared by the Counseling, Health and Wellness Center CHWC).

_____ Report to CHWC if I am diagnosed with COVID-19 and cooperate with contact tracing.

_____ Complete a visitor log located in WPconnect if I am hosting campus visitors and ensure that the visitors are aware of the required health practices. (I am aware that visitors are not allowed in the residence halls.)

_____ Acknowledge receipt of the contents of the Pioneer Pledge/Code of Conduct (Policy).

I understand that my violation of WP reopening policies may result in appropriate corrective action in accordance with WP regulations and disciplinary procedures.

Electronic Submission

Signature _____ Date _____