

LEAVE OF ABSENCE / WITHDRAWAL FROM COLLEGE

This form is to be used by a student (or advisor in absentia cases), when a student is taking a leave of absence or withdrawing from ALL courses after the Drop/Add period is over.

Students are encouraged to speak with their advisor, financial aid and student accounts prior to completing this form.

Student Section:

Date: _____

Student Name (**Print**): _____

Student ID: _____ Student Year: _____

Citizenship: _____ Advisor: _____

Major: _____

Undergraduate Graduate First-Professional Doctoral

Do you Reside in Student housing? YES NO

Were you a Transfer Student? YES NO

Type of Leave/Withdrawal from the College:

Withdrawal from the college Withdrawal Start Date: _____

Leave of Absence (must be approved by Chair or Dean of student's department)
Semester Leave of Absence is to begin: _____
Semester of expected return: _____

Extension of Leave of Absence (must be approved by Chair or Dean of student's department)
Semester of Expected Return: _____

Are you planning on returning? YES NO

Reason for Leave/Withdrawal from the College:

- Medical Leave: Family Member Personal (Self) Total & Permanent Disability
- Military Service: Deployment Relocation Government/Foreign Aid
- Academic Leave: Relocation
 Financial necessity
 Personal Reasons
 Church Mission
 Transfer Where? _____

Why? _____

Please elaborate on reason for request:

Student (**Signature**): / /
DATE

Chair / Dean of Department
(**Signature**): / /
DATE

Comments: _____

Approve Deny

Director of Retention Services (**Signature**): _____ Date: _____

revised: DAL 3-18-11

Notify: Advisor Student Accounts Financial Aid Residence Life Student Affairs Athletics HEOP Int'l Student Office