



WITHDRAWAL/LEAVE OF ABSENCE FORM

POLICY NOTES

This form may be used to withdraw from an academic program or to request a leave of absence.

- » Withdrawal/leave of absence from the university may affect financial aid, loan payments, deferments, etc. Please consult the academic catalog or the appropriate department for details.
- » The effective date of withdrawal/leave of absence will be posted as the date this form is received in the Office of the University Registrar unless a future date is requested. There are no retroactive withdrawals or leaves of absence.
- » This request withdraws the student from the university. If you do not plan to complete the current semester, you must withdraw from course work by submitting a course add/drop form. University policy governing INCOMPLETE grades remains in effect regardless of leave of absence or withdrawal status. See academic catalog for details.
- » Note on re-entry: The student must send a letter of intent to the Registrar's Office thirty (30) days prior to the start of the semester of anticipated enrollment. Following review of the academic record by the program advisor, the student will be notified of eligibility status.

- » Please route this form to:
  - Student
  - Advisor
  - Financial Aid Office
  - Office of the University Registrar

Please check one:

- LUCAD  LCAL  GSASS  CLAS  SOE

Effective:

Semester \_\_\_\_\_ Year \_\_\_\_\_

Name: \_\_\_\_\_ SS # or student ID: \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street/Box # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check if new address above Do you also want this as your billing address?  Yes  No

If different billing address \_\_\_\_\_  
Street/Box # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

Email address \_\_\_\_\_

Please check one:

- Withdrawal: (mm/dd/yyyy) effective date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Leave of absence: (mm/dd/yyyy) from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Reason for withdrawal/leave of absence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All signatures are required

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved: School Dean/Designee \_\_\_\_\_ Date \_\_\_\_\_

Program Advisor \_\_\_\_\_ Date \_\_\_\_\_

Financial Aid \_\_\_\_\_ Date \_\_\_\_\_

SAS use only:

Registrar \_\_\_\_\_ Student Accts \_\_\_\_\_  
Initials \_\_\_\_\_ Initials \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_