Application for Leave of Absence or Withdrawal

Please Print

Name_____

Soc.Sec.#_____Student ID#_____

Address_____

City State Zip

Phone: Home _____Work_____ Date_____

Email address _____

Last date attended class(es)_____

- **I intend to take a leave of absence for:**

  the remainder of this semester, beginning_____

  the next semester, beginning_____

  the next academic year, beginning_____

  Semester of intended return_____

  (NOTE: Student must fill out Re-admission Form before registering for classes.)

– **I intend to permanently withdraw, effective date: _____**

  Reasons:

  Personal reasons (health, needs of family, changed educational goals, etc.)

  Financial reasons

  Dissatisfaction with quality of the educational experience

Please explain_____

_____

I understand that a leave of absence or withdrawal may result in <u>financial aid adjustments</u> and <u>tuition liability</u> as well as <u>Veteran</u> and <u>F-1 Visa penalties</u>. Information is listed in the course schedule, the catalog and in the Registrar's Office.

Student Signature: _____Date_____

For Office Use Only: Date received in the Registrar's Office:_____

Drop - refund OK W - no refund Partial refund Computer

Distribution: Registrar, Student, Advisor