

Leave of Absence/ Withdraw form

Student name: _____

Date of request: _____

Check one: Leave of Absence Withdraw

Reason for leave of absence/ withdraw:

If it is withdraw from the program indicate date, quarter and year of withdraw in the space provided.

Date of withdraw: _____ Quarter: _____ Year: _____

If it is leave of absence, please indicate the beginning date, beginning quarter and year in the space provided.

Beginning date of leave of absence: _____

Beginning quarter: _____ Year: _____

Estimated time of return: _____

Returning quarter: _____ Year: _____

Note: A withdraw or a leave of absence longer than one year of the beginning date would result in that student to be terminated from the program. All promotions and/or scholarships that the student may have received would be void (unless otherwise stated). Students must reapply for admissions and undergo the same process as the initial.

Student signature: _____ Date: _____

Authorization By: Administrator name: _____ Title: _____

(OFFICE USE ONLY) Admin Signature: _____ Date: _____

