



## University Withdraw Form/Leave of Absence Form

### Student Instructions:

1. If you only wish to withdraw from a single course, you must complete a **Single Course Withdraw Form** instead of this form.
2. If you wish to obtain a **Medical Withdraw**, please see University Counseling & Health (208 Danna Center) instead of this form.
3. Print form and complete all sections.
4. Obtain required signatures.
5. Completed form must be submitted to the Office of Student Records to be processed.

### Section 1: Student Information

Name (Last, First, Middle): \_\_\_\_\_ CWID: \_\_\_\_\_

College:  CAS  BU  MA  CNH  LAW

Effective (eg, 2019 Fall): \_\_\_\_\_ (Year) \_\_\_\_\_ (Term) Date: \_\_\_\_\_

University Withdraw:  \*Leave of Absence:  → \*Indicate Date of Return (1 Year MAX): \_\_\_\_\_ (Year) \_\_\_\_\_ (Term)

Reason for Withdraw/Leave: \_\_\_\_\_

*\*Leave of Absences will not be granted to Undergraduates who have a GPA of less than 2.00 or a graduate student with less than 3.000, or those who transfer to another University, or to Transient students.*

### Section 3: Student Statement & Signature

*I acknowledge that the above information is accurate and I understand that withdrawing from the University will reflect a graded "W" on my transcript for my enrolled courses. I understand that this may affect my degree progress, financial aid, scholarships, veteran's benefits, and/or other areas. I have researched these issues and understand the possible implications of this action.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 4: Required Signatures

Check and Obtain signatures that apply. *\*Required for all Students*

\*Student Success Center (239 Monroe Library): \_\_\_\_\_

\*Associate Dean of College: \_\_\_\_\_

\*Student Financial Services (202 Thomas Hall): \_\_\_\_\_

\*Student Affairs (205 Danna Center): \_\_\_\_\_

Residential Life (1<sup>st</sup> FL, Biever Hall): \_\_\_\_\_

Veteran's Benefits: \_\_\_\_\_

### Section 5: Approval

*Once completed, this form must be turned in, by the student listed above, to the Office of Student Records located in Thomas Room 204.*

### Office Use:

Comments: \_\_\_\_\_

Signature of Student Records Representative: \_\_\_\_\_ Date: \_\_\_\_\_