



### Withdrawal/Leave of Absence Request Form Graduate/Doctoral

Student Name: \_\_\_\_\_

Student I.D. : \_\_\_\_\_

Current Address: \_\_\_\_\_

Division: Graduate / Doctoral

Phone: \_\_\_\_\_

(Circle one): Resident    Commuter

Major/Program of Study: \_\_\_\_\_

(Circle one): Full-time    Part-time

Campus Location (applicable to Regional & Online Students only): \_\_\_\_\_

**Leave of Absence (This is an official request to temporarily exit the College with the intent of returning at a later date.)**

**Semester of Leave of Absence (or semester in which leave of absence begins):**

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

(If requesting a leave of absence for a future semester, note the beginning date of the semester)

**Last Date of Class Attendance:** \_\_\_\_\_

(Last day in class in current semester... if requesting a leave of absence to begin at the end of the current semester, note the last day of classes for the current semester)

**Indicate the semester that you plan to return to the College (refer to the College Catalog for information on the maximum length of a leave of absence):**

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

**Reason(s) for Leave of Absence (circle all that apply):**

- A. Financial Difficulties
- B. Academic Difficulties
- C. Dissatisfied with SC
- D. Family Circumstances
- E. Medical Reasons
- F. Disciplinary Dismissal

**Signatures:**

Student \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Registrar or designee \_\_\_\_\_ Date \_\_\_\_\_