



## Withdrawal/Leave of Absence Form

**STUDENT INFORMATION:** (Please print)

Banner ID:				
Last Name:		First Name:		MI:
Street Address:		City:	State:	Zip:
Cell Phone:		Preferred Email Address :		
My signature below indicates that I fully understand that an initially approved Leave of Absence or Withdrawal is superseded in all cases by the Administrative action of academic dismissal, suspension, or expulsion.				
Student Signature: _____				Date: _____

PERMANENT WITHDRAWAL	LEAVE OF ABSENCE (Limited to one year)
<b>Effective:</b> <input type="checkbox"/> Immediately <input type="checkbox"/> At the end of the semester	<b>Effective:</b> <input type="checkbox"/> Immediately <input type="checkbox"/> At the end of the semester Plans to reenroll: Fall _____ Spring _____ Summer _____

Current Student Type
<input type="checkbox"/> Undergraduate in the School of Arts and Sciences <input type="checkbox"/> Undergraduate in the Boler School of Business <input type="checkbox"/> Graduate in the School of Arts and Sciences <input type="checkbox"/> Graduate in the Boler School of Business Are you an International student? Yes ___ No ___    Are you a Veteran? Yes ___ No ___ <b>Please note that all UNDERGRAD Veteran and International students must meet with the Director of Veteran Affairs and International Services</b> Initials (Director of Vet. Affairs or International Services) _____ Date _____

**Reason(s) for leaving JCU (Please select all that apply):**

Academic	Financial	Personal	Social
<input type="checkbox"/> My desired major is not offered Major _____ <input type="checkbox"/> Academic program too demanding <input type="checkbox"/> Academic program is not challenging <input type="checkbox"/> Other (Describe): _____	<input type="checkbox"/> Cost of tuition <input type="checkbox"/> Full time work opportunity <input type="checkbox"/> Other (Describe): _____	<input type="checkbox"/> Changes of circumstances in my family/home life <input type="checkbox"/> Military Deployment <input type="checkbox"/> Medical Issues <input type="checkbox"/> Safety/Security on campus <input type="checkbox"/> Other (Describe): _____	<input type="checkbox"/> Living arrangements/ roommate <input type="checkbox"/> Dissatisfaction with social atmosphere on campus <input type="checkbox"/> Sports Participation <input type="checkbox"/> Other (Describe): _____

Future Plans
<input type="checkbox"/> Transfer: Institution name: _____ <input type="checkbox"/> Work <input type="checkbox"/> No plans at current time

**OFFICE USE ONLY:**

<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary: (Please choose one of the following): <input type="checkbox"/> Academic Dismissal <input type="checkbox"/> Final Academic Dismissal <input type="checkbox"/> Suspension <input type="checkbox"/> Expulsion	
Received: <input type="checkbox"/> In Person <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail EC Initials _____	
Last Date of Attendance: _____	Effective Date: _____
Enrollment Service Counselor's Signature: _____ Date: _____	