



Withdrawal/Leave of Absence Form

STUDENT INFORMATION: (Please print)

Student 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My signature below indicates that I fully understand that an initially approved Leave of Absence or Withdrawal is superseded in all cases by the Administrative action of academic dismissal, suspension, or expulsion.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)
Effective: <input type="checkbox"/> Immediately <input type="checkbox"/> At the end of the semester	Effective: <input type="checkbox"/> Immediately <input type="checkbox"/> At the end of the semester Plans to reenroll (YR): Fall _____ Spring _____ Summer _____

A Leave of Absence can only be initiated if the student does not currently have a balance and has a cumulative GPA of 2.0 or higher.

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 ___
Please note that all UNDERGRAD Veteran and International students must meet with the Director of Veteran Affairs and International Services Initials of 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:

(Please choose one of the following): <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Academic Dismissal <input type="checkbox"/> Final Academic Dismissal <input type="checkbox"/> Suspension <input type="checkbox"/> Expulsion	
LOA: <input type="checkbox"/> Academic Standing (2.0 Cumulative GPA) <input type="checkbox"/> Financial Standing <input type="checkbox"/> SAP	
Received: <input type="checkbox"/> In Person <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail	
EC Initials: _____ Date: _____	
Last Date of Attendance: _____ Effective Date: _____	
Student Service Counselor's Signature: _____ Date: _____	

This form & documentation should be faxed to 216.397.3098, e-mailed to enrollment@jcu.edu, or mailed to John Carroll University, Student Enrollment and Financial Services 1 John Carroll Blvd., University Heights, OH 44118.
 If you have questions you may contact 216.397.4248