



WILLIAM JESSUP UNIVERSITY

REQUEST FOR LEAVE OF ABSENCE OR OFFICIAL WITHDRAWAL

Student:

It is your responsibility to take this form to each of the administrative offices listed below for individual clearance. DCP students need only submit this form to the DCP office. The completed form may be submitted by mail. Request will be processed as of the date the completed form is returned to the Registrar's Office.

_____ is requesting (Student Name) (ID #)

[] a Leave of Absence from _____ to _____ (term and date) (extending one year)

[] Official Withdrawal from the University as of _____ (Date)

Please get clearance signatures below, by number order:

- 1) Academic Advisor 2) Student Life (not for SPS students) 3) Library 4) Registrar 5) Financial Aid Office 6) Student Accounts Office

[] Please check if you need to be dropped/withdrawn from your WJU classes

[] The last date I attended class was _____.

Please check your reason(s) for withdrawing from WJU:

- [] Transferring to _____ [] Medical necessity [] Family emergency [] Military service [] Other _____

I understand that withdrawing from school before a semester has been completed results in a proportionate adjustment to my tuition/room and board account, and possible adjustments to my financial aid. Further, I realize that I am responsible for the unpaid balance of my account at the time of withdrawal and that I will pay in full, or make arrangements to pay, upon receipt of statement. I understand that no grades or transcript services will be permitted until all obligations have been settled.

Student signature Address Student printed name City, State, Zip Date Telephone