



Student Request to Withdrawal and/or Leave of Absence

Name: _____

Withdrawal

Program: _____

Leave of Absence*

Reason for withdrawal / leave of absence (check one)

personal medical financial other

Expected Return Date
(Leave of Absence only)

If other, please elaborate below: _____

Is there anything else you would like us to know?

Signature: _____

Date: _____

Please note: To receive a prorated refund/credit (if eligible), you must complete the *Refund Request* form.

*The LOA is granted for a period of not less than four (4) weeks and not more than twelve (12) months. In order to return to classes the student must arrange with an administrator at least one week before the date and must resume at the start of a term.