

Request for Leave of Absence or Withdrawal

Student's Name (Last, First, Middle Initial)	WU Student ID
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Street Address	Apt. #	Country (if outside the United States)		
Address Line 2	City	State	Zip	
Telephone Number (including Area Code)		E-mail Address		
How long will you be at this address? START DATE _____ (mm/dd/yyyy) END DATE _____ (mm/dd/yyyy)				

Reason for Withdrawal/Leave

Check One: Withdrawal Leave of Absence

If this is a Leave of Absence, is this also a Non-Washington University affiliated Study Abroad? Yes No

Study Abroad location: _____

Area of study: _____

Do you want to transfer credit? Yes No (If yes, please also fill out the Approval for Non-WU Credit form.)

Effective date of Withdrawal	Effective date of Leave of Absence	Expected Semester of Return
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NOTE: Effective date will be posted as the date received in the Registrar's Office unless a future date is requested. There are no retroactive withdrawals or leaves of absence.

Withdrawal/Leave of Absence from the University may affect financial aid, loan payments, deferments, etc. Please contact Student Financial Services for details. **NOTE ON RE-ENTRY:** The student must contact the Associate Dean of Students, Director/Chair of Graduate Studies, or the Assistant Dean/Registrar, preferably by writing, at least 30 days prior to the beginning of classes.

Student's Signature	Date
Associate Dean of Students or Director/Chair of Graduate Studies Signature	Date

FOR REGISTRAR'S OFFICE ONLY	
Date online	Initials