

# REQUEST FOR LEAVE OF ABSENCE OR OFFICIAL WITHDRAWAL



WILLIAM JESSUP UNIVERSITY

**IMPORTANT:**

Please read the following statements, complete this form, and signify your understanding by signing below. This form may be submitted by fax to 916.577.2330 or mail. The University is not responsible for forms lost in the mail. Request will be processed as of the date the completed form is received at the University.

- Completing this form does not automatically drop me from a course: I understand that in addition to this form I must file a drop form for any courses in which I am currently enrolled and do not plan to attend or complete. Refunds will be processed according to policy. *If I do not file a drop form I will be dropped from courses due to non-attendance and a 40% refund will apply to each course affected.*
- I understand that withdrawing from school before a semester has been completed may result in a proportionate adjustment to my student 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.

I, \_\_\_\_\_, request  
Student Name

**CHOOSE ONE:**

Leave of Absence beginning \_\_\_\_\_ to extend up to one year. Current cohort: \_\_\_\_\_  
Date  
*It is my responsibility to contact the SPS Office to make arrangements for re-entry to the Program.*

Official Withdrawal from the University as of \_\_\_\_\_  
Date

Please check your reason(s) for withdrawing from William Jessup University:

- Transferring to another school
- Medical necessity
- Family emergency
- Military service
- Other \_\_\_\_\_

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Student printed name

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

**FOR OFFICE USE ONLY:**

Please give him/her clearance, signified by your signature or notify the Registrar of outstanding issues.

Date Rec'd: \_\_\_\_\_

\_\_\_\_\_  
Academic Advisor

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Library

\_\_\_\_\_  
Financial Aid Office

\_\_\_\_\_  
Student Life Office (ID card)

\_\_\_\_\_  
Student Finance Office

\_\_\_\_\_  
IT Office (email account)

**\$25.00 Leave of Absence processing fee.**

Effective July 1, 2009

Subject to change without notice.