

## COMPLETE WITHDRAWAL/ LEAVE OF ABSENCE

ENROLL-STATUS-P (Complete Withdrawal)

ENROLL-STATUS-T (Leave of Absence)

**Print clearly and use black ink (no pencil).**

Royal ID	Name		
College <input type="checkbox"/> CAS <input type="checkbox"/> KSOM <input type="checkbox"/> PCPS	Class <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate student	Effective Date	
Advisor/Mentor/Program Director			Anticipated Return Date (if applicable)
Cell Phone #	Scranton Email Address  <span style="float: right;">@scranton.edu</span>		
Personal Email Address			
<b>Request for:</b> <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Complete Withdrawal  <b>Would you like to discuss your situation in greater detail with someone?</b> <input type="checkbox"/> Yes, please call me <input type="checkbox"/> Yes, please e-mail me <input type="checkbox"/> No  <b>Reason for Leave/Withdrawal</b> (Please help us become a better University by telling us why you are leaving. This information will be used for statistical purposes only unless you specifically request a call or e-mail.) <input type="checkbox"/> Academic Difficulties (01) <input type="checkbox"/> Employment (03) <input type="checkbox"/> Financial (04) <input type="checkbox"/> Medical (06) <input type="checkbox"/> Military service (please provide appropriate documentation)(11) <input type="checkbox"/> Personal (10) <input type="checkbox"/> Relocating closer to home/away from home (17) <input type="checkbox"/> Seeking program not offered at Univ. of Scranton (18) <input type="checkbox"/> Seeking program with more academic rigor (19) <input type="checkbox"/> Social (16) <input type="checkbox"/> Other: _____			
<b>Are you transferring to another institution?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, transfer to: _____ Program sought: _____			
<b>Additional Comments:</b> _____			
<b>Note to Student:</b> Reduction in charges (tuition, room, board), if any, will follow the Schedule of Refunds as published in the current academic catalog. The withdrawal or leave is not official until the Dean's signature has been obtained and this form has been delivered to/processed by the Office of the Registrar and Academic Services, O'Hara Hall, Second floor.			
Student Signature			Date
Dean Authorization			
Comments			
Notification Date (Required)		Last Date of Attendance (Required)	
Signature		Date	
<b>Return the completed form to the Office of the Registrar and Academic Services, O'Hara Hall, Second Floor.</b>			
<b>ORAS Office Use</b> <input type="checkbox"/> SFAREGS - Drop Courses, Enrollment Status, Max Hours, Student Status <input type="checkbox"/> NSC <input type="checkbox"/> SHATCMT - Event Code, Date <input type="checkbox"/> Email Notification <input type="checkbox"/> SGASTDN - LOA only		Signature	Date