

LEAVE OF ABSENCE, TRANSFER, WITHDRAWAL FORM

Part I: (TO BE COMPLETED BY STUDENT)

Check One: _____ Withdrawal (EFFECTIVE _____)
_____ Transfer (NAME OF COLLEGE _____ EFFECTIVE _____)
_____ Leave of Absence (FROM _____ TO _____)

Name _____ ID # _____

Program _____ Degree _____

Forwarding Address _____

New E-mail Address _____

Student Signature _____ Date _____

Please attach a separate statement giving reason for request.

PART II: (THE FOLLOWING SIGNATURES MUST BE OBTAINED BEFORE PART III CAN BE COMPLETED)

Dissertation/Thesis Advisor Signature _____ Date _____

Department Chair/Program Director Signature _____ Date _____
.....

Bursar Signature _____ Date _____

Comments: _____
.....

Financial Aid Officer Signature _____ Date _____

Comments: _____

PART III: (TO BE COMPLETED BY THE OFFICE OF GRADUATE STUDIES)

Reason for leaving _____

Dean, College of Graduate Studies Signature _____ Date _____