



# COLLEGE OF GRADUATE & PROFESSIONAL STUDIES School of Nursing

## WITHDRAWAL OR LEAVE OF ABSENCE FORM

LAST NAME

FIRST

EFFECTIVE TERM: \_\_\_\_ (YEAR) \_\_\_\_ (TERM) DATE: \_\_/\_\_/\_\_\_\_  
COLLEGE:  CAS  BU  MA  GPS  LAW |  HONORS PROGRAM

PLEASE PROVIDE A BRIEF WRITTEN EXPLANATION OF WHY YOU ARE LEAVING THE PROGRAM:

PRIMARY REASON FOR WITHDRAWAL OR LEAVE OF ABSENCE:

- ACADEMIC (A)  EMPLOYMENT (E)  FINANCIAL (F)  HEALTH (H)
- OTHER \_\_\_\_\_
- PERSONAL (P)  TRANSFER (T) IF TRANSFERRING, SCHOOL NAME: \_\_\_\_\_

LEAVE OF ABSENCE (MAXIMUM OF 1 YEAR)   
INDICATED WHEN YOU PLAN TO RETURN: \_\_\_\_ (YEAR) \_\_\_\_ (TERM)

**A LEAVE OF ABSENCE IS NOT GRANTED TO GRADUATE STUDENTS W/ LESS THAN A 3.000 GPA OR UNDERGRADUATE STUDENTS W/ LESS THAN A 2.000 GPA OR THOSE TRANSFERRING TO ANOTHER SCHOOL OR TO TRANSIENT STUDENTS.**

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### REQUIRED SIGNATURES

STUDENT	DATE
ASSOCIATE DEAN OF COLLEGE	DATE
STUDENT FINANCIAL SERVICES	DATE
STUDENT AFFAIRS	DATE
STUDENT RECORDS	DATE

**A WITHDRAWAL OR LEAVE OF ABSENCE FROM LOYOLA IS COMPLETE WHEN ALL ABOVE SIGNATURE ARE OBTAINED AND THIS FORM IS SUBMITTED TO STUDENT RECORDS**

APPROVED MEDICAL WITHDRAWALS ARE PROCESSED BY THE DIRECTOR FOR UNIVERSITY COUNSELING AND HEALTH SERVICES, [abourqu@loyno.edu](mailto:abourqu@loyno.edu)