



**SCHOOL OF NURSING  
WITHDRAWAL OR LEAVE OF ABSENCE FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Campus-Wide ID: \_\_\_\_\_

Effective Term: \_\_\_\_\_ Date: \_\_\_\_\_

College: \_\_\_\_\_

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)      Personal (P)

Other: \_\_\_\_\_

Transfer (T) – If transferring, School Name: \_\_\_\_\_

Is This a Leave of Absence? (Maximum of 1 Year)      YES      NO

If YES, Semester You Plan to Return: \_\_\_\_\_

**A leave of absence IS NOT GRANTED to Graduate students with less than a 3.000 GPA, Undergraduate students with less than a 2.000 GPA, those transferring to another school, or to transient students.**

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**REQUIRED SIGNATURES**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean of College: \_\_\_\_\_ Date: \_\_\_\_\_

Student Records: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Services: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid: \_\_\_\_\_ Date: \_\_\_\_\_

**A withdrawal or leave of absence from Loyola is complete when all above signatures are obtained and this form is submitted to Student Records.**

Approved medical withdrawals (H) are processed by the Director for University Counseling and Health Services.