



ONLINE - University Withdraw or Leave of Absence Form

Section 1: Student Instructions:

1. If you only wish to withdraw from a single course, you must complete a Single Course Withdraw Form instead of this form.
2. If you wish to obtain a Medical Withdraw, please see University Counseling & Health (208 Danna Center) instead of this form.
3. Complete all sections. If you prefer, you may print then manually complete this form, then scan and return by email

NON-NURSING STUDENTS - return to jdavid@loyno.edu

NURSING STUDENTS ONLY - return to nursing@loyno.edu

Section 2: Student Information:

NAME - (Last, First, Middle):

CWID:

College: CAS BU MA LAW CNH Program:

Effective (e.g. 2020 - Fall): (Year) (Term)

University Withdraw:

***Leave of Absence:**

Indicate semester of return (1 year MAX):

**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.*

Primary Reason for Withdrawal or Leave of Absence:

Academic (A) Employment (E) Financial (F) Health (H) Personal (P) COVID-19 (VR)

Other: Transfer (TR) – Name of school:

Please provide a brief written explanation of why you are leaving the program:

Section 3: Student Statement & Signature:

I acknowledge that the above information is accurate and I understand that withdrawing from the University may affect my degree progress, financial aid, scholarships, veteran's benefits, and/or other areas. I have researched these issues and understand the possible implications of this action.

Signature: _____ Date: _____

----- **FOR LOYOLA USE ONLY** -----

Associate Dean of College: _____

Date:

Financial Aid: _____

Date:

Financial Services: _____

Date:

Student Success Center: _____

Date:

Student Records: _____

Date:

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