

## Withdrawal/Leave of Absence

FILL OUT THE FORM IN ITS ENTIRETY AND RETURN TO:
Main Campus Students: The Office of Academic Advising in Woody Hall
CAPA and Regional and Online Campuses: Your academic advisor
University of La Verne, 1750 3<sup>rd</sup> Street, La Verne, CA 91750

Student's Name (please	print)	ID#		
Campus:	Program/Major:	□ Undergraduate	e □ Graduate □ Doctoral	
Forwarding Mailing Ad	dress			
Forwarding Phone Number Forwarding Email Address			· · · · · · · · · · · · · · · · · · ·	
*SECTION 1—LEAVE	DETAILS			
□ Withdrawal	I am leaving the University of La	Verne and am <u>not</u> planning to return	n.	
☐ <b>Leave of Absence:</b> I am leaving the University of La Verne temporarily				
	beginning	and returning Sem/Term		
	Sem/Term Yo	ear Sem/Term	Year	
<u> </u>		onal □ Religion □ Military/Volunt		
*SECTION 2—CLE	CARANCES			
	or or Dean Interview:	Signature	e:	
Registrar's Office	e: ( ) Not Reg. ( ) Withdraw (	) Drop Eff. Date:	Initials:	
Student Accounts	Balance details: ( ) \$0 [Zero] (	) \$ Signatur	re:	
Financial Aid: Comments:		Signatur	Signature:	
*SECTION 3STUDEN	T CERTIFICATION			
Catalog. I recognize to might be outstanding	that the submission of this document do at the time of my departure. Return sign	ng leave of absence and withdrawal in the es not absolve me from any academic or ned form to: Main Campus students: Off RCA) students: Your academic advisor.	financial obligations that ice of Academic Advising in	
Student	Signature (required)	Date		
	<u>For</u>	Office Use Only:		
		EGS ( ) SGASTDN ( ) SPACMNT ( e of Address ( ) Cohort/LOA/Withdrawa	*	
	Original = Academic Advising Yellow = A	Advisor:	Pink = Student	