



Withdrawal/Leave of Absence Form

STUDENT INFORMATION: (Please print)

Student ID:				
Last Name:		First Name:		MI:
Street Address:		City:	State:	Zip:
Cell Phone:		Preferred Email Address :		
My signature below indicates that I fully understand that an initially approved Leave of Absence or Withdrawal is superseded in all cases by the Administrative action of academic dismissal, suspension, or expulsion.				
Student Signature: _____				Date: _____

PERMANENT WITHDRAWAL	LEAVE OF ABSENCE (Limited to one year)
Effective: <input type="checkbox"/> Immediately <input type="checkbox"/> At the end of the semester	Effective: <input type="checkbox"/> Immediately <input type="checkbox"/> At the end of the semester Plans to reenroll (YR): Fall_____ Spring_____ Summer_____

A Leave of Absence can only be initiated if the student does not currently have a balance and has a cumulative GPA of 2.0 or higher.

Current Student Type	
<input type="checkbox"/> Undergraduate in the School of Arts and Sciences <input type="checkbox"/> Undergraduate in the Boler School of Business	<input type="checkbox"/> Graduate in the School of Arts and Sciences <input type="checkbox"/> Graduate in the Boler School of Business
Are you an International student? Yes___ No___	Are you a Veteran? Yes___ No___

Please note that all UNDERGRAD Veteran and International students must meet with the Director of Veteran Affairs and International Services

Initials of Director of Vet. Affairs or International Services: _____ Date: _____

Reason(s) for leaving JCU (Please select all that apply):

Academic	Financial	Personal	Social
<input type="checkbox"/> My desired major is not offered Major: _____ <input type="checkbox"/> Academic program too demanding <input type="checkbox"/> Academic program is not challenging <input type="checkbox"/> Remote Learning <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Cost of tuition <input type="checkbox"/> Full time work opportunity <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Changes of circumstances in my family/home life <input type="checkbox"/> Military Deployment <input type="checkbox"/> Medical Issues <input type="checkbox"/> Safety/Security on campus <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Living arrangements/ roommate <input type="checkbox"/> Dissatisfaction with social atmosphere on campus <input type="checkbox"/> Sports Participation <input type="checkbox"/> Other (Describe):
Future Plans			
<input type="checkbox"/> Transfer: Institution name: _____		<input type="checkbox"/> Work	<input type="checkbox"/> No plans at current time

OFFICE USE ONLY:

(Please choose one of the following):					
<input type="checkbox"/> Voluntary	<input type="checkbox"/> Involuntary	<input type="checkbox"/> Academic Dismissal	<input type="checkbox"/> Final Academic Dismissal	<input type="checkbox"/> Suspension	<input type="checkbox"/> Expulsion
LOA: <input type="checkbox"/> Academic Standing (2.0 Cumulative GPA)		<input type="checkbox"/> Financial Standing	<input type="checkbox"/> SAP		
Received: <input type="checkbox"/> In Person		<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail	
EC Initials: _____ Date: _____					
Last Date of Attendance: _____			Effective Date: _____		
Student Service Counselor's Signature: _____ Date: _____					

This form & documentation should be faxed to 216.397.3098, e-mailed to enrollment@jcu.edu, or mailed to John Carroll University, Student Enrollment and Financial Services 1 John Carroll Blvd., University Heights, OH 44118.
If you have questions you may contact 216.397.4248