



Informing today—Transforming tomorrow®

UNIVERSITY WITHDRAWAL / LEAVE OF ABSENCE
Traditional Undergraduate / Adult Accelerated Programs

PART I General Information

NAME (Last, First, MI): _____ ID#: _____

HOME ADDRESS: _____ PHONE: _____

EMAIL: _____

Campus Resident Commuter

MAJOR: _____ ADVISOR: _____

PART II Withdrawal / LOA Information

Select one: School / Program Withdrawal Student does not intend to return
Transfer to another institution School: _____

Reason for Withdrawal

- Financial
Seeking different academic program
Seeking different campus environment
Seeking school closer to home
Other _____

Leave of Absence (Minimum cum. GPA of 2.0 required) Maximum term of a leave of absence is four consecutive semesters, not including summer terms.

GPA: _____ Term LOA Effective: _____

Reason for Leave of Absence:

- Financial
Medical
Personal

Term Student Plans to Return

Fall Spring Year: _____

PART III Signature and Recording

I am officially withdrawing or taking a leave of absence from Benedictine University and request any refund of tuition and fees due me as determined by the University Refund Policy.

Student Signature Date

Office Use Only Interview: In Person By Phone Via Fax Via Email Other

Courses Dropped: Yes No

Processor: _____ Date: _____

Distribute: Academic Advisor Registrar
Student Accounts Official Financial Aid (financialaid@ben.edu)
Residence Life (if applicable) Assoc. Vice President for Student Life