

Withdrawal/Leave of Absence Request Form

Name: _____ Student ID: _____

Degree Program: _____ Today's Date: _____

Signature: _____ Effective Date of Withdrawal/LOA: _____

I am requesting a Leave of Absence for _____ trimesters (maximum of 3).

I am withdrawing completely from The Seattle School.

Reason for withdrawal/leave of absence: _____

If you are currently taking classes, do you intend to complete the trimester? Yes _____ No _____

Please note the following:

- Current Courses – Financial and academic penalties may apply for early withdrawal from the trimester. Please refer to the Academic Catalog for specifics on withdrawal dates and terms.
- Student Mail files & Newsletter – if you are requesting a leave of absence for 3 trimesters or less, your student mail file will remain active and you will continue to receive student newsletters. Please keep your contact information updated with the Academics Office.
- Student E-mail – if you are requesting a leave of absence for 3 trimesters or less your theseattleschool.edu e-mail address will remain active and we will continue to send information to this address. **If you are withdrawing, your student e-mail will be turned off. Please indicate the e-mail address we can use to communicate with you:** _____
- Exit interview – you will be requested to have an exit interview with either the Registrar or the Dean of Students and Alumni. If you have a preference for this meeting, please let the Registrar know.
- Financial Aid - FOR WITHDRAWAL ONLY - if you have been receiving financial aid, you must complete your financial aid exit interview. Please contact the Director of Student Financial Services for more information.

<u>For Office Use Only</u>					
<i>(Please initial & date)</i>					
Academic	Financial	Business	IT	Library:	Student
Office:	Aid:	Office:	Office:		& Alumni
					Office: