DREXEL UNIVERSITY
Drexel Central
Student Financial and Registration Services

LEAVE OF ABSENCE FORM

Last Name_____ First Name_____ Middle Initial_____

University ID Number _____

Mailing Address_____ Date of Birth _____

_____ Home Phone_____

_____ Work Phone _____

Last Enrollment: Term/Year _____/_____ Email _____

Select one of the following reasons for withdrawal:

☐ Academic ☐ Active Military Service ☐ Family Financial ☐ Maternity/Paternity ☐ Medical ☐ Personal

☐ Other_____

Effective date of leave of absence: Term/Year _____/_____ Expected date of return: Term/Year _____/_____

1. Signature of Student _____ Date _____

2. Signature of Academic Advisor/Program Director _____ Date _____

3. Signature of Co-operative Education Representative _____ Date _____
If applicable

4. Signature of International Students and Scholars Office _____ Date _____
If applicable

5. Signature of Drexel Central Representative _____ Date _____

6. Signature of Office Graduate Studies Representative _____ Date _____

Leave of Absence Rule Set

Purpose

Students use this form to formally request a leave of absence for less than one academic year (four consecutive terms). Students seeking to leave the institution for more than four consecutive terms should use the Withdrawal form.

Procedures

Students must indicate the appropriate reason for their request. These students seeking a leave of absence must list both the term and year that they anticipate returning to the institution.

Students must then meet with their academic advisor to inform the advisor of their decision to leave the institution and obtain their signature. International students are required to inform a representative of the International Students and Scholars Services of their decision to leave the institution and secure a signature. Students must finally meet with a student resource center representative to discuss the financial aid and billing implications of leaving the university.

The Leave of Absence form with appropriate signatures must then be submitted to Drexel Central for processing.

For OUR Use Only

Processed by_____

Date_____

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