

Office of the Registrar • Smyth 1 4245 East Ave • Rochester, NY 14618 Phone (585) 389-2816 • Fax (585) 389-2612

START/END OF TERM

Undergraduate Leave of Absence or Withdrawal

- This form should be used for any student (including freshmen) who indicates their intent to take a leave of absence or withdraw at the end of this current semester or between semesters.
- All undergraduate students seeking to take a leave or withdraw <u>during</u> the semester must go through the Center for Student Success.

	CHECK HERE IF YOU ARE A VETERAN	OR VETERAN	DEPENDENT
Last Name	First Name	Middle	Student ID # or Last four digits of SS#
Address			Permanent Phone
City	State Z	Zip	Email
	Select Leave of Ab	sence - OF	R - Withdrawal
REQUEST LEAVE O	F ABSENCE (planning to return)	REQU	JEST TO WITHDRAW (NOT planning to return)
☐ I am seeking a leave of absence for the following term(s)			am seeking to withdraw from Naz and not return
Anticipated return:	□ Fall □ Spring Year		
Please check the F	PRIMARY reason for your leave of a	bsence or v	withdrawal from Nazareth (select JUST ONE)
☐ Academic Experience (does not meet expectations)			Medical (physical or mental health)
☐ Major Not Available☐ Residential Experience (refers to on campus living)			Financial (can't afford Nazareth any longer) Personal (reasons not associated with the Naz
	Social Experience (relationships or		experience)
activities do not me	eet expectations)		Other
Last Date of Attendance		Effec	tive Term of Withdrawal
Student Signature		Date	
Office Use Only	EIDT: Courses Dronned (data dranne	d or no roal	Pog Priority Endod
Internal <i>UPON RECEIPT</i> : Courses Dropped (date dropped or no reg) Internal <i>END OF TERM</i> : Campus Box Ended (date ended or N/A)			Official Hiatus Date
	Initials confirming processing co		

^{*} NOTE – Official Hiatus Date for students leaving in the first week of the semester will be the same as the date the student formally requested the leave/WD, unless faculty have verified LDA was earlier than hiatus date.