



# Leave of Absence (LOA)/Withdrawal (WD)

Office of the Registrar

1409 Walnut Grove Avenue, Rosemead, CA 91770

phone 626.571.8811 / fax 626.571.1413

**THIS IS A FILLABLE PDF. Type directly on the form. EMAIL COMPLETED FORM to REGISTRAR@UWest.edu**

**Please use this form to request an official Leave of Absence (LOA) or Withdrawal from the university.**

**Leave of Absence:** Absent LESS THAN one year (i.e. less than two full terms, excluding summer). Students who do not return from an approved LOA as scheduled will be withdrawn effective the last day of the last term in attendance.

**Withdrawal:** Absent one year or more (i.e. two terms or more, excluding summer) or if you do not plan to return.

**Effective Date:** the date the form is received by the Registrar's Office.

**Support offices and Library will be notified when the form is received. These offices will email students regarding outstanding obligations or department requirements. It is recommended that students discuss their intention to withdraw with Financial Aid and Accounting to determine the impact this will have on their funding. LOA/Withdrawn students remain responsible for all outstanding obligations to the university.**

**F-1 students must meet with the International Student Advisor before submitting this form as federal regulations strictly limit approved time off for non-immigrant students.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Other Name(s) Used: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Email address : \_\_\_\_\_ Program: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

**Withdrawal (WD)** I plan on taking two or more terms off. *Check here if not returning*

**Leave of Absence (LOA)** I will return from LOA in      Fall      Spring      Summer      Year: \_\_\_\_\_

*LOA is valid only for absences of less than one year. If you will be out two full terms or longer, check WD.*

### Reason for Withdrawal or Leave of Absence

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>ALL Students:</b> Please obtain the following three (3) approvals:		
Advisor/Chair _____	Accounting Office _____	Library _____
<b>If you answer "Yes" to any of the following, obtain the designated approval:</b>		
Are you an F-1 Student?	No    Yes    If Yes, _____	International Student Advisor Signature
Do you receive Financial Aid/Scholarships?	No    Yes    If Yes, _____	Financial Aid Officer Signature
Do you reside on campus?	No    Yes    If Yes, _____	Residential Life Coordinator Signature

### Registrar's Office

Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_ Signature \_\_\_\_\_

Effective Date: \_\_\_\_\_ LDA: \_\_\_\_\_ SAP Status: \_\_\_\_\_

### COMMENTS: