

Request for Leave of Absence or Withdrawal

Return to samfoxregistrar@email.wustl.edu

Student's Name (Last, First, Middle Initial)	WU Student ID
Street Address including Apartment #	Country (if outside the United States)
Address Line 2	City State ZIP/Country Code
Telephone Number (including Area Code)	Non-WU Email Address

Check One: Personal Leave of Absence Medical Leave of Absence Withdrawal

Please check all that apply:

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|---|--|---|
| <input type="checkbox"/> Academic difficulty | <input type="checkbox"/> Career goals uncertain | <input type="checkbox"/> Church mission service |
| <input type="checkbox"/> Dissatisfied with academic support services | <input type="checkbox"/> Dissatisfied with non-academic support services | |
| <input type="checkbox"/> Family reasons | <input type="checkbox"/> Financial | <input type="checkbox"/> Foreign aid service |
| <input type="checkbox"/> Military service | <input type="checkbox"/> Not motivated | <input type="checkbox"/> Other (must specify below) |
| <input type="checkbox"/> Program/major not offered (must specify below) | <input type="checkbox"/> Pursuing non-academic interests (must specify below) | |
| <input type="checkbox"/> Study Abroad (must specify below) | <input type="checkbox"/> Transferring to another university (must specify which below) | |

Specify reason(s) as above. Attached additional page if needed.

Effective date of Leave of Absence or Withdrawal	Expected Semester of Return From Leave of Absence
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The effective date is the date this form is received in the Sam Fox School Registrar's Office unless a future date is requested. There are no retroactive leaves of absence or withdrawals. Leaves/Withdrawals may affect financial aid, loan payments/deferments, visa status, etc. Contact your financial aid and OISS advisor(s) for details.

For reinstatement, you must contact the Sam Fox School Registrar's Office and/or your graduate program coordinator in writing at least 30 days prior to the beginning of classes. Reinstatement from a Medical Leave of Absence requires approval from the Habif Health and Wellness Center. Go to <https://students.wustl.edu/medical-leave-absence/> for detailed information.

Student's Signature	Date
Associate Dean / Chair of Graduate Program Signature	Date