



Withdrawal or Leave of Absence from the University

Student ID: _____ Name: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip code: _____ Country: _____

Phone: _____ KU Email: _____

Status: Undergraduate Graduate Cum: GPA _____

Major(s): _____

Please choose one. Are you requesting a **permanent withdrawal** or a **leave of absence** (only if above a 2.0) from the university?

Permanent Withdrawal Leave of Absence Semester Withdrawal (Graduate Only)

Please indicate desired Semester Year _____

Are you receiving VA benefits? Yes No

We strongly encourage you to speak with Financial Aid regarding any implications surrounding your withdrawal from the University.

Do you have Financial Aid such as Student Loans and/or Grants? Yes NO

Please select your primary reason for withdrawing

Please Select Additional Reasons for withdrawing

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Undergraduate students must secure signatures from the offices listed below in the order presented before their withdrawal will be considered complete. The date this form is submitted to and signed by the Registrar's Office is the official date of withdrawal from the University.

Student Signature: _____ **Date:** _____

Instructions for checking out of my residence hall have been given to me and I understand that I must follow the instructions provided. **Initials:** _____

Undergraduates must secure signatures from the following offices:

Coordinator of Student Teaching Signature: _____ Date: _____

Office of Student Accounts Signature: _____ Date: _____

Registrar's Office - Signature: _____ Date: _____