



Registrar's Office

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** from the university?

☐ Permanent Withdrawal

☐ Leave of Absence (cumulative GPA of 2.0 required)

☐ Semester Withdrawal (**Graduate Only**)

Please indicate desired Semester: _____

Year (example 2025): _____

Please answer the following questions:

Is this your first semester at Kutztown?

Yes No

Are you Student Teaching?

Yes No

Are you an International Student?

Yes No

Are you receiving VA benefits?

Yes No

Do you have Financial Aid such as Student Loans and/or Grants?

Yes No

If so, we strongly encourage you to speak with Financial Aid regarding any implications surrounding your withdrawal from the University.

Please Select Reasons for withdrawing:

1. _____

2. _____

3. _____

Students must sign and date the form below. The date this form is submitted with signature by the student is the official date of the withdrawal from the University.

Student Signature: _____

Date: _____

For Registrar's Office use only:

Registrar's Office - Signature: _____ Date: _____