



## Leave of Absence/Withdrawal Request Form

Current Semester: Fall \_\_\_ Spring\_\_\_ Summer\_\_\_ 20\_\_\_

Student Last Name	Student First Name	Student Middle Name
Student Forwarding Address		City/State/Zip Code
Student Email		Student Phone Number
Student Social Security Number		Student Birthdate
Parent Address		City/State/Zip Code
Parent Phone Number		

<p style="text-align: center;">___ Leave of Absence</p> <p>I plan to leave Shasta Bible College &amp; Graduate School temporarily.</p> <p>I plan to return to Shasta Bible College &amp; Graduate School in: ___Fall ___Spring ___Summer 20___</p> <p><i>*If you are not sure when you will return, you may need to apply for readmissions through the Admissions Office if the absence is greater than one year.</i></p>	<p style="text-align: center;">___ Withdrawal</p> <p>I plan to leave Shasta Bible College &amp; Graduate School and have no immediate plans to return. If I decide to return and more than one year has passed, I understand I will need to apply for readmission through the Admissions Office and pay all applicable fees.</p>
<p>Please select when you would like your Leave of Absence/Withdrawal to be effective:</p> <p><b><i>Please Note: Your request for a Leave of Absence/Withdrawal from College does not become effective until all authorized persons below have signed and this form is returned to the Registrar's Office.</i></b></p> <p>___ Effective Immediately (Please withdraw me from all of my classes)</p> <p>___ Effective at the end of the semester (I expect to receive grades for this semester)</p>	

**Before Requesting a Leave of Absence:** You are advised to consider the effects of a leave of absence on your degree progress, enrollment, academic standing, visas, financial aid, deferment of student loans, and access to campus resources such as housing.

Reason for Leave of Absence/Withdrawal:

- Transferring to another school (School name: \_\_\_\_\_)
- Family financial problems
- Does not qualify for financial aid
- Classes conflict with work
- Personal issues
- Medical issues
- Other \_\_\_\_\_

Please explain briefly. Your comments will remain confidential:

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In order to help Shasta Bible College & Graduate School better serve students in the future, please respond to the following question:

Is there something Shasta Bible College & Graduate School could have done better for you as a student?

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Required signatures:

_____	Academic Advisor	Date _____
_____	Bookstore Manager	Date _____
_____	Business Office	Date _____
_____	Dean of Students	Date _____
_____	Financial Aid Director	Date _____
_____	Housing Supervisor	Date _____
_____	Library	Date _____

Student Signature: *By signing below, I certify that the information contained on this form is true and accurate. I also acknowledge that it is my responsibility to contact all offices as applicable to my situation. I understand that I am responsible for all outstanding financial obligations such as but not limited to: tuition, fees, library fines, housing fees, etc. and that my transcript will not be released until all accounts are settled.*

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**REGISTRAR USE ONLY**

**Registrar's Signature**

**Date**

Leave of Absence  Withdrawn

**Official last date of attendance:**