

UNIVERSITY WITHDRAWAL / LEAVE OF ABSENCE
Traditional Undergraduate / Adult Accelerated Programs

PART I General Information

BenU ID# _____

NAME _____

(Please print) Last First Middle (Maiden/Other)

HOME ADDRESS _____ PHONE _____

EMAIL _____

Campus Resident Commuter

MAJOR _____ ADVISOR _____

PART II Withdrawal / LOA Information

Select one School / Program Withdrawal [*Student does not intend to return*]

Transfer to another institution—School _____

Reason for Withdrawal

- Financial
- Seeking different academic program
- Seeking different campus environment
- Seeking school closer to home
- Other _____

Leave of Absence

[*Minimum cum. GPA of 2.0 required*]

GPA _____

Reason for Leave of Absence:

- Financial
- Medical
- Personal

Term Student Plans to Return

Fall Spring Year _____

*Maximum term of a Leave of Absence is
four consecutive semesters, not including summer terms.*

Term LOA Effective _____

PART III Signature

I am officially withdrawing or taking a leave of absence from Benedictine University and request any refund of tuition and fees due me as determined by the University Refund Policy.

Student Signature

Date

At this time, all signatures, where required, must be hand-written on the form

PART IV Recording

Office Use Only

Interview In-Person By Phone Via Fax Via Email Other

Courses Dropped Yes No

Processor _____

Date _____

Distribute Academic Advisor
Student Accounts Official
Residence Life (if applicable)

Registrar
Financial Aid (financialaid@ben.edu)
Assoc. Vice President for Student Life