WILLIAM WOODS UNIVERSITY
GRADUATE & ADULT STUDIES
***ACADEMIC LEAVE / WITHDRAWAL FROM PROGRAM**

Student name:_____
Last First MI Maiden/Former

Address:_____

Phone: (H)_____ (W)_____

SSN: _____ Student ID #:_____

Current Academic Program:_____Cohort # & Location:_____

Last Date Attended:_____

Action Requested (Please check):

_____ Leave of Absence (LOA) *(available for only graduate students)

_____ Withdrawal from Program

Reason for request:

_____

_____

Student signature:_____ Date:_____

Processed By:_____ Date:_____

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*LOA Request: Approved:_____ Date:_____ Denied:_____ Date:_____

Reason/comments:_____

Signature:_____

06/07