

Withdrawal or Leave of Absence (LOA) Form

This form is to be used if:

1. Student is currently registered in a program and dropping all OHSU courses prior to completion of the present academic quarter.
2. Student is currently registered and is completing the academic quarter, but will not be returning next quarter because of a LOA.*
3. Student is not currently registered but wishes to withdraw or take a LOA.*

The effective date of the withdrawal for tuition refund purposes is the date the form is returned to the Office of the Registrar and Financial Aid with the student's signature as well as those signatures required for purposes of clearance. The effective date of withdrawal for Return of Title IV Funds purposes is the date of the notification of withdrawal (unless attendance at an academically related activity can be documented).

*Students granted a Leave of Absence will be treated as withdrawn for purposes of Return of Title IV Funds and enrollment reporting.

To be completed by the Student:

Name:	SSN or Student ID
Forwarding Address/Phone/E-Mail:	Last day you attended Class?

Leave of Absence (LOA):

Please circle reason: Military Research Maternity Family Obligations Illness				
Hospitalization		Personal/Financial		Other _____
When will you return? _____				
If you are currently enrolled are you completing the academic quarter? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Do you wish to continue Student Health Services and/or Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please contact the Student Health Service at 503-494-8665				
If you will be attending another school, which institution? _____				# of credits _____

Withdrawal from School/Program:

Please list reason: Financial Personal Transfer to _____	
Other _____	
If you are currently enrolled are you completing the academic quarter? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Term and year of your intended permanent withdrawal _____	

Student Signature: _____ **Date:** _____

Approval Signatures:

Appropriate School/Department Signature	Date:
If School of Nursing, Academic Advisor Signature	Date:
If School of Med. Graduate Prgm., Assoc. Dean Sig.	Date:
Financial Aid Officer Signature	Date:

Financial Aid Recipient: Yes No

For Office Use Only:

Effective Date of Withdrawal:	Refund Due: Yes No
Refund Processed by:	Date Refund Processed: