



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.*

Withdrawal or Leave of Absence (LOA) Form

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*Students granted a Leave of Absence will be treated as withdrawn for purposes of Return of Title IV Funds and enrollment reporting.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 check reason: Military Research Maternity Family Obligations Illness
Hospitalization Personal/Financial Education Other _____

When will you return? _____

If you are currently enrolled are you completing the academic quarter? Yes No

Do you wish to continue Student Health Services and/or Insurance? Yes No If YES, please contact Student Health Service at 503-494-8665.

If you will be attending another school, which institution? _____ **# of credits** _____

Important: Be aware that an LOA will likely affect your time to degree. Review carefully with your advisor.

Withdrawal from School/Program:

Please check reason: Financial Personal Transfer to _____
Other _____

If you are currently enrolled are you completing the academic quarter? Yes No

Term and year of your intended permanent withdrawal _____

HEALTH CARE & HEALTH INSURANCE: You have access to the Student Health Clinic for 30 days from the completion date of this form to wrap up and transfer care if you have been paying the SHS fee. We strongly advise you to continue health insurance. Please contact SHS at 503-494-6665 or visit the website: <http://www.ohsu.edu/xd/education/student-services/student-health> for further help or questions. We are happy to meet with you and help you through this process.

Student Signature: _____ **Date:** _____

Approval Signatures:

Appropriate School/Department Signature	Date:
If School of Nursing, Academic Advisor Signature	Date:
Associate Dean Signature:	Date:
Financial Aid Officer Signature :	FA Recipient: Yes /No Date:

For Office Use Only:

Effective Date of Withdrawal:	Refund Due: <input type="checkbox"/> Yes <input type="checkbox"/> No
Refund Processed by:	Date Refund Processed: