

This form is to be used if:

1. Student is currently registered and is dropping all OHSU courses or taking a LOA* prior to completing the current academic term.
2. Student is currently registered, will complete the academic term, but will not be returning due to a LOA* or permanent withdrawal.
3. Student is not currently registered but wishes to permanently withdraw or take a LOA.*

*Students granted a Leave of Absence will be treated as withdrawn for purposes of Return of Title IV Funds processing, enrollment reporting and tuition refund processing.

The effective date of the withdrawal/LOA for tuition refund and Return of Title IV Funds processing is the initial date of the student's notification of withdrawal (unless attendance at an academically related activity can be documented).

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

Leave of Absence (LOA): *A leave will likely affect your time to degree. Review carefully with your advisor.*

Refer to the Leave of Absence Policy [2-01-1112](#) for more information.

Please check reason: Academic Research Birth/Adoption of a Child Medical* Personal
Financial Other _____ **When will you return?** _____

If you are currently enrolled, are you completing the academic term? Yes No

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

*Complete the [Outgoing](#) Medical Leave Attestation Form now and the [Returning](#) Medical Leave Attestation form at least 20 days prior to your return from leave.

Withdrawal from School/Program:

Please check reason: Academic Medical Personal Financial Other _____

If you are currently enrolled, are you completing the academic term? Yes No

Are you permanently withdrawing from your academic program at OHSU? Yes No

HEALTH CARE & HEALTH INSURANCE: University Sponsored Health Insurance will automatically terminate at the end of the month in which you last attended class. If you are currently enrolled and have paid the JBT Health & Wellness Fee, you have access to the JBT Health & Wellness Clinic for 30 days from the completion date of this form to wrap up and transfer care. Please call 503-494-8665 or visit the [JBT Health & Wellness](#) website if you have any questions.

Student Signature: _____ **Date:** _____

Approval Signatures:

Appropriate School/Department/Advisor Signature:	Date:
Associate Dean Signature:	Date:

For Office Use Only:

FA Recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No	Processed By FAO Staff:
R2T4 Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: