

**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\*Students granted a Leave of Absence will be treated as withdrawn for purposes of Return of Title IV Funds processing, enrollment reporting and tuition refund processing.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 [02-70-030](#) 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 current term's coverage period if it is after the [100% refund deadline](#). If it is prior to the 100% refund deadline, you will not be eligible for that term's coverage period unless it is an approved medical leave. Students on an approved medical leave may be eligible for an additional term of coverage. (For health insurance options, for those on an approved medical LOA, further actions is required. Contact JBT to inquire or visit the website for additional information.) If you are an established patient with the [JBT Health & Wellness Clinic](#), you will have 30 days from the completion date of this form to finalize 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 - Date used: _____ <input type="checkbox"/> No	Date: