



Leave of Absence

Effective Term/Year: _____

Student Information:

AUA ID: _____

Full Name: _____
Last Name First Name Middle Name

Cell Phone: _____ Home Phone: _____

Email: _____

Degree Level Program Total Number of Credits Completed: _____

UGRAD Cumulative GPA: _____

GRAD Year: _____

First Term/Year Enrolled: _____ Current Term/Year: _____

Last Name

Withdrawal Information Last

Class Attended: Subject Code

Course Number	Course Title	Instructor	Date

First Name

Reason for Short-Term Withdrawal:

Personal Financial Military Health* Other _____

I understand that: * Please attach supporting documentation.

I must appeal to the degree program at least 3 weeks before the start of the term I plan to resume study.

Resumption of study is not guaranteed, but based on: (a) my prior academic performance at AUA, and (b) the availability of space and courses.

I may take only one short-term withdrawal during my course of study and it may not exceed more than 2 consecutive semesters.

• Depending on the date, withdrawing after the Add/Drop deadline will result in grades of W or F on my transcript, and may have financial consequences.

AUA ID

Student Signature: _____

Date: _____

Clearances Required

Library Clearance:	Date:
Accounting Clearance:	Date:
ICTS Clearance:	Date:
Registrar's Office ID Card Returned:	Date:

Approvals

Program Chair: _____ Date: _____

Dean: _____ Date: _____

Short-Term Withdrawal becomes effective upon signature of the Registrar:

Office of the Registrar

Registrar: _____ Date: _____