

## Withdrawal or Leave of Absence

Student Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, ZipCode: \_\_\_\_\_

Telephone number: (day) \_\_\_\_\_ (eve) \_\_\_\_\_

### CHECK ONE:

Leave of Absence (LOA)

Expected return: (Circle one): Fall Spring Summer **YEAR:** 20\_\_\_\_

*A leave of absence is valid for up to one year. Students who do not complete NESAs coursework or clinic for four consecutive terms must reapply for admission in order to continue their program. No clinical assisting or internship hours completed while on leave apply towards NESAs requirements. Please refer the Student Handbook for complete LOA policies.*

Withdrawal from the program

*The effective date of withdrawal from NESAs is that on which all completed, signed forms are received by the Registrar. Students will be billed based on the date of withdrawal. Please refer the Student Handbook for complete Withdrawal policies.*

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Reason for LOA or Withdrawal (indicate all that apply):

Academic      Medical      Financial      Personal

Required Change of Status: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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The student listed above has discharged all outstanding financial obligations:

Yes  No      Library Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Yes  No      Bursar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Yes  No      Financial Aid Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official transcripts will not be released without clearance of all financial obligations.

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Registrar Use Only:

Faculty, Clinic Manager, Admissions Coordinator, and Office Manager notified.

Database updated      Date: \_\_\_\_\_      Initials \_\_\_\_\_