

University Withdrawal/Leave of Absence

Students must complete and return this form to the Office of Enrollment Services (41 Bee Street) before withdrawal or taking a leave of absence. *No information from the official academic record of a student who has withdrawn or taken a leave of absence will be issued until this form is properly completed and returned.*

Student Name _____ SSN _____
First Middle Last

Forwarding Address _____

Program of Study _____

Complete one of the following:

1. I am withdrawing from a program on mm____/dd____/yy_____.
2. I am taking a leave of absence from mm____/dd____/yy_____ to mm____/dd____/yy_____.

Reason for withdrawing or taking a leave: (This information is required for state reporting.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Financial hardship | <input type="checkbox"/> Employment | <input type="checkbox"/> Academic difficulty |
| <input type="checkbox"/> Decided against more education | <input type="checkbox"/> Seeking practical experience | <input type="checkbox"/> Family relocation |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Change of career | <input type="checkbox"/> Marriage |
| <input type="checkbox"/> Medical circumstances | <input type="checkbox"/> Research participation | <input type="checkbox"/> Transfer to another college/university |
| <input type="checkbox"/> Do not need to re-enroll at MUSC to complete degree requirements | | |
| <input type="checkbox"/> My program does not require continuous enrollment so I'm taking a temporary break! | | |

Obtain the necessary signatures from the offices shown below.

OFFICE	LOCATION	ACTION NEEDED	SIGNATURE/DATE
Student Accounts Receivable	Harper Student Center	Exit interview	_____
		Tuition & fees paid	_____
Financial Aid [*]	Harper Student Center	Clearance	_____
Library	Admin./Library Bldg.	No overdue books/charges	_____
Public Safety	101 Doughty Street	Identification card returned	_____
Dean's office [†]	Your college	Mailbox key returned	_____
Program director/chair/advisor ^Δ	Department Office	Exit Interview	_____

^{*} *Applicable only if student has received any type of financial aid.*

[†] *If student has a college mailbox assigned.*

^Δ *Applicable to all students in the College of Health Professions.*

Student's signature _____

Dean's signature _____