

## University Withdrawal/Leave of Absence

Students must complete and fax this form to their respective Dean's office 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 No information from the official academic record of a student who has withdrawn or taken a leave of absence will be issued until this form is properly completed and returned.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 \_\_\_\_\_ Non-MUSC email address: \_\_\_\_\_

Phone: \_\_\_\_\_

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 |   |   |

Please contact the following offices to complete your withdrawal/LOA.

OFFICE	CONTACT	ACTION NEEDED
Student Accounts Receivable	(843) 792-2170	Exit interview * Tuition & fees paid
Financial Aid†	(843) 792-2536	Clearance
Dean's office‡	Your college	Mailbox key returned
Program director/chair/advisorΔ	Department Office	Exit Interview
Student Services	Room A103	Laptop returned (CHP only)

**Disclaimer Statement:**  
*This form will be sent to the following offices - Financial Aid, Student Accounting, etc., if you have any outstanding debt or owe a refund to any federal, state or campus based funds, you understand that you are responsible for repaying those accounts prior to any records being released or any funds being returned to you, if eligible. A hold will be placed on all university records until all outstanding debt have been resolved.*

\* 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 \_\_\_\_\_