

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 No information from the official academic record of a student who has withdrawn or taken a leave of absence will be issued until this form is properly completed and returned.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 or, PVID, or CollegeNet ID _____
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/yyyy).
2. I am taking a leave of absence from _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy).

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"/> Suspended | <input type="checkbox"/> SPTCR Program | |

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	ID Badge returned Mailbox key returned†
Program director/chair/ advisor ^Δ	Department Office	Exit Interview

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.

Students on approved leave are considered inactive and are ineligible for those Education & Student Life services normally provided to enrolled students. However, in order to facilitate transfer of care, Counseling and Psychological Services (CAPS) and Student Health may continue services for up to 30 days for those individuals who have been receiving on-going care immediately prior to taking a leave of absence.

Student's signature _____

For information on health insurance options, please visit <http://www.usa.gov/Citizen/Topics/Health/HealthInsurance.shtml>

Dean's signature _____

For state-specific information on insurance companies and licensing information, please visit <http://www.medicare.gov/Contacts/staticpages/sids.aspx>