

**UNIVERSITY WITHDRAWAL / LEAVE OF ABSENCE**  
*Traditional Undergraduate / Adult Accelerated Programs*

**PART I General Information**

BenU ID# \_\_\_\_\_

NAME \_\_\_\_\_

(Please print) Last First Middle (Maiden/Other)

HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

☐ Campus Resident ☐ Commuter

MAJOR \_\_\_\_\_ ADVISOR \_\_\_\_\_

**PART II Withdrawal / LOA Information**

**Select one** ☐ School / Program Withdrawal [*Student does not intend to return*]

☐ Transfer to another institution—School \_\_\_\_\_

***Reason for Withdrawal***

- ☐ Financial  
☐ Seeking different academic program  
☐ Seeking different campus environment  
☐ Seeking school closer to home  
☐ Other \_\_\_\_\_

☐ Leave of Absence

[*Minimum cum. GPA of 2.0 required*]

GPA \_\_\_\_\_

***Reason for Leave of Absence:***

- ☐ Financial  
☐ Medical  
☐ Personal

***Term Student Plans to Return***

☐ Fall ☐ Spring Year \_\_\_\_\_

*Maximum term of a Leave of Absence is  
four consecutive semesters, not including summer terms.*

Term LOA Effective \_\_\_\_\_

**PART III Signature**

*I am officially withdrawing or taking a leave of absence from Benedictine University and request any refund of tuition and fees due me as determined by the University Refund Policy.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*\*At this time, all signatures, where required, must be hand-written on the form\**

**PART IV Recording**

***Office Use Only***

Interview ☐ In-Person ☐ By Phone ☐ Via Fax ☐ Via Email ☐ Other

Courses Dropped ☐ Yes ☐ No

Processor \_\_\_\_\_

Date \_\_\_\_\_

Distribute Academic Advisor  
Student Accounts Official  
Residence Life (if applicable)

Registrar  
Financial Aid (financialaid@ben.edu)  
Assoc. Vice President for Student Life