



Notice of Leave of Absence
Or
Withdrawal from University

Last Name First Name M.I. Date

Address H.F. ID #

City State Zip Code

Telephone Number E-Mail Address

Major:

Receiving Financial Aid? Yes No

Leave of Absence Withdrawal
(Please indicate return semester)

Reasons for the Leave of Absence/Withdrawal
(Please check all those which apply)

- Financial (not Financial Aid) Change of Residence Personal Illness
Financial Aid Difficulty with Studies Family Obligations
Transferring to another College(please indicate College)
Other

Comments:

I hereby wish to withdraw from Holy Family University.

Student Signature Date

Office use Only:
Registrar's Signature
Date
Status

Distribution: Business Office, Financial Aid Office, Academic Advising Center, Dean of the School of Study,
Director of Residence Life, Public Safety Office, Graduate Office, Athletics