

Complete Withdrawal/Leave of Absence Form

For further information please visit <http://www.usu.edu/studemp/leaveofabsence/>

Instructions: Fill out this form completely and submit to appropriate office.

- If you are an **international student**, you must contact the **International Student Office, TSC 313**.
- If you have received federal financial aid submit this form in person to the **Financial Aid Office TSC 106**. A USU Financial Aid representative will tell you about any federal requirements to repay aid before you withdraw.
- All other students should take this form to the **RFYE Office, TSC 312**. Phone: (435) 797-1132.

Please Print Clearly:

Student I.D. Number	Name (Last, First, M.I.)		
Permanent Mailing Address	Street	City	State Zip
Local Mailing Address	Street	City	State Zip
Permanent email address	Phone	Current Major	Current Academic Advisor

From which semester(s) would you like to drop your classes?
 Fall Spring Summer No drop(s) necessary (I will complete all classes I am currently enrolled in).

Do you currently live in USU housing? Yes No

When do you plan to return to USU? Fall Spring Summer Year _____ Not returning

In most cases, students granted a Leave of Absence *do not* need to reapply for admission to USU. However, you may face challenges that delay progress toward graduation. We encourage you to consult with your academic advisor and develop a course of action for your return.

Why are you leaving USU at this time? (Please check all that apply).

Medical/Health Military Church Service Family Responsibilities Academic Difficulties
 Marriage Employment Financial Study Abroad
 Transferring to Another School (Please list school) _____
 Other (Please explain. If necessary, continue on back of form)

Please hold my scholarship for the semester I plan to return (as noted above).
*Your scholarship will be **cancelled** if you attend another school. Your scholarship will automatically be reinstated for the semester you indicated.*

Student Release of Information of Third Party completed. (<http://www.usu.edu/registrar/forms/info-release.pdf>)

I understand that I am responsible to pay any unpaid obligations to Utah State University.

Student's Signature _____ Date _____

Received by: _____	Date: _____	<input type="checkbox"/> Financial Aid
Received by: _____	Date: _____	<input type="checkbox"/> Registrar's Office/VA
Received by: _____	Date: _____	<input type="checkbox"/> Matriculation Advisor