LEAVE OF ABSENCE / WITHDRAWAL POLICY

All students who are either taking a leave of absence for one or more semesters or who are withdrawing with no intention of returning to the College, must complete an online Exit Questionnaire and an official Leave of Absence / Withdrawal Form in order to drop all courses.

NOTE:

- Notifying instructors or the academic advisor of the intention to take a leave of absence or withdraw from the College OR no longer attending classes does not constitute an official leave or withdrawal and WILL NOT remove financial liability for that semester.

- A Leave of Absence or Withdrawal DOES NOT remove a student’s liability for tuition and fees associated with enrollment prior to the time of a leave of absence or withdrawal from the College. Students who receive some types of federal aid may have aid returned to their respective programs depending on the student’s date of withdrawal or leave of absence.

LEAVE OF ABSENCE / WITHDRAWAL PROCESS:

1. Complete and Submit an Exit Questionnaire
   Exit Questionnaires are available online at http://intranet.laroche.edu/AcadCareer/exitsurvey.cfm. All sections of the Exit Questionnaire must be completed and submitted online before the Leave of Absence/Withdrawal Form will be signed by the Office of Academic and Career Advising.

2. Complete and Submit Leave of Absence / Withdrawal Form
   Leave of Absence / Withdrawal Forms are available online through the Registrar’s Office website. The form must be completed and returned to the Registrar’s Office before all courses can be dropped. The student must obtain all signatures as required on the form.

3. Deadline
   Courses must be dropped by the Last Day to Drop a Course with a “W” Grade, as reflected on that Semester’s Academic Calendar.

4. Late Notice
   In the event that a student must take a Leave of Absence or Withdraw from the College after the last day to drop a course with a “W” grade, the student must file an appeal through the formal Student Appeals Process. The student appeals process information and form are available online at http://intranet.laroche.edu on the Registrar’s Office website.

5. Non-Resident International Students
   Federal law mandates that a non-resident international student must notify in person the College’s designated International Student Advisor before taking a leave of absence or withdrawing from the College.

6. Restrictions
   Students on leave from the College are not permitted to live in the Residence Halls, attend classes, or maintain employment on campus while their leave is in effect.

7. Effective Date of Leave/Withdrawal
   A Leave of Absence or Withdrawal during the academic semester will take effect as of the date listed on the Leave of Absence/Withdrawal Form and only if all forms are signed by the student and required college officials.
La Roche College

LEAVE OF ABSENCE / WITHDRAWAL

In order to process this Leave of Absence/Withdrawal Form you must first complete an online exit survey. Please go to http://intranet.laroche.edu/AcadCareer/exitsurvey.cfm to complete and submit the survey.

Prior to a leave of absence or withdrawal, you are strongly advised to contact your academic advisor and the Office of Financial Aid as a Leave of Absence or Withdrawal may jeopardize your financial-aid status.

This completed form must be returned to the Registrar’s Office, ZCC 224.

Student Information
Student I.D. # _______________ Student Name (print) ________________________________

Effective date of Leave of Absence or Withdrawal: ________________________________

Semester of Leave of Absence or Withdrawal: _____Fall _____Spring _____Summer 20____

Permanant Address: ________________________________________________________________

Telephone Number __________________________ Email Address __________________________

☐ LEAVE OF ABSENCE

Anticipated semester of return ________________________________

Student Signature______________________________________________________Date________

☐ WITHDRAWAL / NOT RETURNING

Reason for withdrawing________________________________________________________

Student Signature______________________________________________________Date________

REQUIRED SIGNATURES

☒ Residence Life (Resident Student Only)

Office Representative Signature___________________________________________Date________

Comments: _______________

☒ Financial Aid

Office Representative Signature___________________________________________Date________

Comments: ___________________________

☒ Student Accounts

Office Representative Signature___________________________________________Date________

Comments: ___________________________

☒ Academic and Career Advising (proof of completion of Exit Survey required)

Office Representative Signature___________________________________________Date________

Comments: ___________________________

Return this completed form to the Registrar’s Office, Zappala College Center, Room 224.

REGISTRAR’S OFFICE USE ONLY

Date Forms Submitted ____________________________

Semester/Year______________ Credits Dropped____________ W Grade(s) Assigned? ____Yes ____No

Comments________________________________________________________________________

Initials/Date____________________

Copies to: Student, Residence Life (if resident student), Financial Aid, Student Accounts