

**SAINT JOSEPH'S UNIVERSITY  
LEAVE OF ABSENCE - WITHDRAWAL**

Student Name: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Class: \_\_\_\_\_ Major: \_\_\_\_\_

Date: \_\_\_\_\_

1. I wish  a **LEAVE OF ABSENCE** for one semester  
 to **WITHDRAW** from the University

for the following reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have discussed this matter with: (a) my parents or guardian  Yes  No

(b) my academic advisor  Yes  No

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2. **FOR ALL STUDENTS RECEIVING FINANCIAL AID**

Director of Financial Aid: \_\_\_\_\_

**FOR LEAVE OF ABSENCE ONLY**

The student has paid the continuing registration fee:  
Director of Student Service Center: \_\_\_\_\_

**FOR WITHDRAWAL ONLY**

The following officials should initial below to indicate that the student has no outstanding obligations:

Director of Student Service Center: \_\_\_\_\_

Director of Residence Life (when applicable): \_\_\_\_\_

Director of Athletics (when applicable): \_\_\_\_\_

Librarian (return ID card): \_\_\_\_\_

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3. Request is  approved  not approved

Comment: \_\_\_\_\_

\_\_\_\_\_

Academic Dean Authorization \_\_\_\_\_ Date \_\_\_\_\_