

Leave of Absence/Withdrawal Form

Name: _____
Last First Middle Initial

RUID: _____ Date: _____

E-mail address: _____ Class (Month/Year): _____

Current Degree Requirements (check one):
 SAS Douglass College Rutgers College
 Livingston College University College

I wish to leave Rutgers University in the _____ / _____ semester for the following reasons:
(semester) (year)

- Personal Financial Medical Other

Please explain briefly. Your comments will remain confidential.

_____ **Leave of Absence**
 I plan to leave Rutgers University for one or two semesters (fall and/or spring) only.
 I plan to return to Rutgers in the _____ / _____ semester.
(semester) (year)

_____ **Withdrawal**
 I plan to leave Rutgers University and do not plan to return within two semesters. If I decide to return to Rutgers University, I will need to apply for reenrollment through the SAS Office of Academic Services.

Student Statement of Responsibility

I am aware that it is my responsibility to contact the student service offices listed below, as applicable to my situation. I have indicated the offices I need to contact by placing a check next to them.

- _____ Educational Opportunity Fund (EOF)
 _____ Housing Office
 _____ Honors Program
 _____ Dining Services - Cancel meal plan and turn in ID card
 _____ Financial Aid

A financial aid exit interview is legally required if you are currently receiving aid or you have received aid at any time.

I understand that if I fail to contact these offices, I will have continued charges to my account.

Signature of Student

Date

SAS Office of Academic Services

Date

Reenrollment form submitted