



Leave of Absence Effective Term/Year: _____

Student Information: AUA ID: _____

Full Name: _____
 Last Name First Name Middle Name

Cell Phone: _____ Home Phone: _____

Email: _____

Degree Level and Program: UGRAD GRAD Total # of Credits Completed: _____

BUS LL.M MSE ME IESM Cumulative GPA: _____
 BA E&C MPSIA PMBA MS CIS
 BS CS MA TEFL MBA MPH Year: _____

First Term/Year Enrolled: _____ Current Term/Year: _____

Last Name

Withdrawal Information

Last Class Attended:

Subject Code	Course Number	Course Title	Instructor	Date

First Name

Reason for Short-Term Withdrawal:

Personal Financial Military Health* Other _____

*Please attach supporting documentation.

I understand that:

- I must appeal to the degree program at least 3 weeks before the start of the term I plan to resume study.
- Resumption of study is not guaranteed, but based on: (a) my prior academic performance at AUA, and (b) the availability of space and courses.
- I may take only one short-term withdrawal during my course of study and it may not exceed more than 2 consecutive semesters.
- Depending on the date, withdrawing after the Add/Drop deadline will result in grades of W or WF on my transcript, and may have financial consequences.

AUA ID

Student Signature: _____

Date: _____

Clearances Required

Library Clearance:	Date:
Accounting Clearance:	Date:
ICTS Clearance:	Date:
Registrar's Office ID Card Returned:	Date:

Approvals

Program Chair: _____ Date: _____

Dean: _____ Date: _____

Short-Term Withdrawal becomes effective upon signature of the Registrar:

Office of the Registrar

Registrar: _____ Date: _____