

LEAVE / WITHDRAWAL FORM

Office of the Registrar

Part I: Contact Information

Last	First	Middle	Student ID
Class: _____	Major: _____	P.O. Box: _____	
Mailing Address: _____			
Home Phone: _____	Cell Phone: _____	Non-Oxy Email: _____	

Part II: Departure Information

Select one: **TAKING A LEAVE OF ABSENCE** **WITHDRAWING** **TRANSFERRING**

Semester: _____ Year: _____ Date departure effective: _____ Anticipated date of return: _____

International Students: If attending Occidental on a student visa, you must confer with the International Programs Office (IPO). Contact information: (email) ipo@oxy.edu (Phone) 323-259-2533

Please select at least one reason for your request for your departure. This information is confidential and will be used by the College to gather information on student needs and to improve services and programs.

- Academic difficulties*, i.e. poor academic performance, academic expectations more than I anticipated.
- Academic offerings*, i.e. major not offered, class sizes, limited resources.
- Academic support*, i.e. inadequate support services, faculty advisor unhelpful.
- Campus climate*, i.e. apathetic student body, diversity mission over/under emphasized, boring social life.
- College location*, i.e. dislike Los Angeles, campus is too isolated, dislike the weather.
- Finances*, i.e. Family financial circumstances have changed/not worth the tuition, not enough financial aid offered by the College.
- Graduating Senior*, i.e. completing final degree requirements while not enrolled at Oxy.
- Intellectual life*, i.e. classes not challenging enough, unable to explore my interests.
- Need a break from school at this time*, i.e. non-specific desire to pursue other opportunities yet to be determined.
- Personal difficulties*, i.e. personal/family problems, need to work more, want to live closer to home.
- Study Abroad*, i.e. not accepted into an Oxy program, studying in a program not approved by Oxy.

Part III: Required Signatures

	Student Signature	Date
Academic Adviser	Comments	Date of Interview
Student Accounts	Comments	Date of Interview
Financial Aid	Comments	Date of Interview
Student Success Adviser (Dean of Students/Disability Services)	Comments	Date of Interview
Residential Education and Housing Services <i>(If living in Campus Housing)</i>	Comments	Date of Interview
International Programs Office <i>International Students ONLY</i>	Comments	Date of Interview

Part IV: Submit this form directly to the Office of the Registrar, AGC 101

----- Registrar Use Only -----

The student is applying to:	Withdraw from all classes for	personal	medical reasons
	Take a leave of absence for	personal	medical reasons
	Transfer to another institution		