

SYRACUSE UNIVERSITY

Office of the Registrar

UNIVERSITY WITHDRAWAL/LEAVE OF ABSENCE

Student Name (Last, First, Middle)

SUID

Home School/College

Phone

Current Address

Permanent Address

Leave of Absence (Student Initiated)

One Semester Only

Undecided Length

Permanent- Will Not
Return

Are you completing the current semester?

Yes

No

Date of last class attended

Reason (Check All That Apply)

Change in Financial
Circumstances

Dissatisfied with My Academic
Program at SU

Dissatisfied with Campus Life

Unexpected Expenses

Dissatisfied with Quality of the
Academic Experience

Uncertain about College Goals

Personal/Family Issues

Residence Life

External to SU Internship/Study
Abroad

Dissatisfied with Academic
Performance

Health Problems

Other

Future Plan

Transfer

Work Full-Time

Undecided

Other

ReAdmit, with plan to return Semester/Year

Student Signature

Date

Withdrawal (University Initiated)

Academic

Disciplinary

Other

Office Use Only

EFFECTIVE DATE:

School/College Dean's Office (or Dept Chair for Graduate
Students)

Date

Dean of Student's Office

Date

Additional Comments: