Withdrawal/Leave of Absence Form

First Name ________________________ Last Name _______________________  ID# 0000 _______________________

☐ Graduate  ☐ Undergraduate  Major/Program _________________________ Advisor ______________

☐ Resident  ☐ Commuter: Home Address ________________________________

Personal Email Address ____________________________________________ Phone Number _________________________

Term from which you wish to be withdrawn: Fall 20___  Spring 20___  Summer 20___

Reason for Leave of Absence or Withdrawal from SEU:

☐ Leave of Absence  Reason: ____________________________________________

When do you plan to return? (circle one) Fall 20___  Spring 20___  Summer 20___

☐ Withdrawal (leaving SEU permanently)  Reason: ________________________________

If transferring to another school-Where/Why: ________________________________

This form is to be completed by students who withdraw from classes completely at SEU during a specific term. Students should refer to the academic calendar each semester for withdrawal deadlines and refund policies.

If you receive Financial Aid and withdraw from classes completely (even during the 100% refund period), it is possible that you will owe money to the institution, state, and/or federal programs.

<table>
<thead>
<tr>
<th>Course to be:</th>
<th>☐ Dropped</th>
<th>☐ Withdrawn</th>
<th>Last date of attendance required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course ID</td>
<td>Section</td>
<td>Credits</td>
<td>Title of Course</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student Signature/Date ____________________________

Director of Financial Aid Signature/Date (if you are receiving financial aid) ____________________________

Graduate Students: Advisor Signature/Date ____________________________

Academic Dean Signature/Date ____________________________

Undergraduate Students: Retention Coordinator Signature/Date ____________________________

*Please return form to Registrar’s Office once it has been completed.

Registrar’s Office ____________________________ Date ____________________________

Registrar’s Office Phone: 973-290-4441  Fax: 973-290-4499