

LAWRENCE UNIVERSITY STUDENT STATUS FORM
Leave of Absence/Withdrawal

NAME _____ ID# _____ Gender M F	
Address after status change _____	
CITY _____ State _____ ZIP _____	PHONE _____
ADVISOR(s) _____	
Term starting at Lawrence (e.g., fall '08) _____	Current year: FR SO JR SR
Degree program: BA BMus 5-year Special/Visiting	
Department of major (if known) _____	
SIGNATURE _____	DATE _____

Currently (check one):

_____ registered as a continuing student _____ on leave of absence

Change status to:

_____ leave of absence _____ extension of leave
_____ leave till graduation _____ withdrawal

Date Last Attended Class _____ Anticipated Date of Return _____

*Please indicate your plan after leaving Lawrence **and** the reason(s) for the change. We will not use your name associated with responses, but this information helps us collect report data that we use to continually improve the Lawrence experience.*

Plan:

_____ Non-affiliated off-campus program
_____ Medical (psychological or physical)
_____ Military service
_____ Transferring to another institution
 Name of institution _____
_____ Work
_____ Other: (Please state) _____

Reason(s): Check only those considerations that apply, noting if primary or secondary.

Primary Secondary

() () ___Academic considerations; please specify:

() () ___Personal considerations; please specify:

() () ___Campus considerations; please specify:

() () ___Financial considerations; please specify:

(If you are leaving primarily for financial reasons, you should discuss your aid status with the Financial Aid Office before making your decision final.)

Other comments or concerns you want to make about Lawrence and your time here: