

LAWRENCE UNIVERSITY STUDENT STATUS CHANGE FORM

Leave of Absence

Students must meet with the Dean of Academic Success to complete the leave of absence process.

Contact the Center for Academic Success to schedule an appointment:

920-832-6530

cas@lawrence.edu

Briggs 117

NAME _____	ID# _____		
CONTACT INFORMATION after departure			
Address _____			
City _____			
State/Province _____			
Country _____			
Zip _____			
Preferred Phone _____			
Email address: (non-Lawrence address) _____			
ADVISOR(s) _____			
Current year: FR SO JR SR			
Degree program: B.A.	B.Mus.	B.A/B.Mus	Special/Visiting
Major (if known) _____			
SIGNATURE _____		DATE _____	

Plan:

Please indicate your plan after leaving Lawrence:

PERSONAL:

_____ Work (Full-time or part-time)

- Military Service
 - Religious Service
 - Travel
 - Volunteer
 - Take care of personal, medical or family issues
 - Undecided
 - Other (specify)
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EDUCATIONAL:

- Transfer to another institution
Transferring to: (Specify) _____
 - Participate in non-affiliated study abroad program
 - Participate in an internship
 - Other: (Please state) _____
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Dean of Academic Success Meeting:

1. At what point did you start thinking about taking a leave of absence from Lawrence?
2. What was the primary reason for your decision?
3. Did you speak with anyone about your decision to take a leave of absence? If yes, who?
4. What have you liked best about Lawrence?

5. What have you least liked?

 6. Thinking about the areas or resources you used, what did you find most helpful and why? What did you find least helpful and why?

 7. Other comments or concerns you want to make about your time at Lawrence:
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For office use only:

Current student status: AS LR LA LG MA MG MR MW

Change status to: AS LR LA LG MA MG MR MW

Will student complete the term? Yes or No (Circle One)

If student will not complete the term, please indicate last date of class attendance: _____

Anticipated date or term of return: _____

Dean signature: _____ Date: _____