



Office of ACADEMIC RECORDS
University Withdrawal /
Leave of Absence (non-medical)

FIDN: []
Student Name: [] Email: [] Contact #: []
College: [] Campus: [] Program: [] Class of: []
I intend to: [] Effective: [] Reason: [] if OTHER, please specify: []
What is the last date you plan to attend or attended classes? [] When do you plan on returning to Fordham? (if applicable) []

Please read each item carefully and initial that you understand the terms and conditions:

*INTERNATIONAL STUDENTS: [] I am a F1 or J1 Visa Student
If you are a F1 or J1 Visa Student, you must contact OIS and your Class Dean prior to completing this form.

* I understand that I am responsible for all outstanding financial obligations to the University. []

* I receive financial aid, and understand an Enrollment Group Representative is available to meet with me to discuss any possible financial implications of my withdrawal, including when student loans might become due. []
* I receive VETERAN benefits [] I do not receive financial aid []

For further information regarding the University's refund policies for students who withdraw from all or a portion of their studies, click here.

* I reside in campus housing, and understand an Residential Life Representative is available to assist with necessary steps required for withdrawal. []
I do not reside in campus housing []

Please print, sign and take completed form to your School Dean for approval & signatures.

Student Signature: [] Date: [] This date will henceforth be known as your "Intent Date" and where applicable, is the date Academic Records will use to indicate the start of your LOA.

For Dean's Use:

Last date of Academic Related Activity 1 []
Dean's Signature: [] Date signed: [] Academic Records will use this date as your official withdrawal date.

- 1 Academic Related Activities
Class
Examination or Quiz
Completed or handed in an assignment, paper or project
Tutorial
Computer-assisted instruction
Academic conference
Attended an Institution run study group where attendance taken
Dissertation mentoring or advisement

Conditions for readmission: []

Additional Comments: []

For Enrollment Services Use:

Date Processed: [] By: [] Notes: []