

Leave of Absence or Institute Withdrawal Form (Instructions on Reverse Side)

1. _____

Name: Last First Middle Initial Student ID Number Student's Home Dept.

Complete for Leave of Absence	Complete for Withdrawal
-------------------------------	-------------------------

Effective Quarter: _____
Example: Fall Quarter 2003-04, indicate 20031

Effective Date: _____ (Used to base prorated tuition refund - must be within effective quarter)
Mo. Day Yr.

Reason: Leave of Absence (LOA)

Indicate Quarter Student Will be Returning to RIT: _____

A leave of absence is not to extend beyond 5 quarters (including summer quarter). If a student is granted a leave of absence before the end of the quarter, that quarter will count as one of the quarters.

Effective Quarter: _____
Example: Fall Quarter 2003-04, indicate 20031

Effective Date: _____ (Used to base prorated tuition refund - must be within effective quarter)
Mo. Day Yr.

Reason For Withdrawal from RIT: _____
Print Code (see below)

CODE NUMBER

ARM Armed Forces	FIN Financial
CHA Transfer Out	ILL Illness or Injury
CHG Change of Objective	JOB Full-time Employment
DEC Deceased	PER Personal Problems
FAM Family Problems	UNK Unknown

Date Student Notified Home Dept.: _____
Mo. Day Yr.

Home Department Approval Signature: _____ Date: _____

The department signature grants approval to drop courses *if this form is submitted prior to the seventh day* of the effective quarter to the Registrar's Office; or approval to *assign "W" grades if this form is submitted after the sixth day* of the effective quarter. Such action may affect tuition and/or financial aid.

2. Signatures To Be Obtained By Student

Are You An International Student?

Yes _____ If yes, please be aware that withdrawing from a course can affect your immigration status. Please contact International Student Services **PRIOR** to completing this form. Their telephone number is 585-475-6943.

Student's Signature Date I have read and understand the responsibilities as outlined on the reverse side of this form.

Library Date

NTID SUPPORTED STUDENTS - You must have the signature of your Support Dept. Chairperson before this form will be processed.

Support Department Chairperson Date

3. Bursar Information

In the event a refund is due, please indicate where check is to be sent: _____
Street City State Zip Code Home Telephone

Please Return All Copies To The Registrar's Office

4. Registrar's Office Use Only:

Current Quarter Registration: _____ Date Received: _____

Prior to 7th day of quarter, courses dropped. _____ Date Processed: _____

After 6th day of quarter, "W" grades assigned. _____

Not Enrolled. _____ Processed By: _____
(STARS Screen = SWLOAS)

Future Quarter Registration _____ courses dropped.

Distribution: Registrar - White; Bursar - Green; Dept. - Yellow; Financial Aid - Pink; Student - Gold