



# LEAVE OF ABSENCE OR OFFICIAL WITHDRAWAL REQUEST

Office of the Registrar  
McGregor Hall, 213

The full Leave and Withdrawal Policy is available at:

<https://antiochcollege.smartcatalogiq.com/en/current/curriculum-catalog/academic-policies-and-regulations/leave-and-withdrawal-policy/>

## Student Information

Name: \_\_\_\_\_ Student ID: A00000 \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Term of Leave Information

Indicate the type of withdrawal:  Leave of Absence  Official Withdrawal

**FOR LEAVE OF ABSENCE:** Indicate the term(s) for which this request is being made. There is a two-term limit for leaves of absence requests. Students seeking more time away from school should or will be withdrawn.

Term 1: \_\_\_\_\_ Year: \_\_\_\_\_ / Term 2: \_\_\_\_\_ Year: \_\_\_\_\_

If you are requesting a leave of absence for the remainder of a term, what is the date of the first day of the leave?

Effective Date: \_\_\_\_\_

**FOR OFFICIAL WITHDRAWAL:** Indicate the term for which this request is being made. Withdrawal notifications received after the end of the seventh week of the term will be processed at the end of the term, unless the withdrawal is for documented medical reasons.

Term: \_\_\_\_\_ Year: \_\_\_\_\_ Effective date: \_\_\_\_\_

### FOR LEAVE OF ABSENCE OR OFFICIAL WITHDRAWAL:

Are you currently residing on campus? (check one):  Yes  No

If you are residing on campus, on what date will you move out? \_\_\_\_\_

Reason for leave of absence/withdrawal (check one):

Personal  Academic  \*Medical  Military/Active Duty

**Please complete the Reason for Leave or Withdrawal survey on page 4.**

**Any additional written comments are greatly appreciated.**

**\*Medical documentation must be received by the Dean of Students for a Medical Leave or Withdrawal.**

Dean of Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical documentation received by Dean of Students?  Yes  No



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## Return to Antioch College (FOR LEAVES OF ABSENCE ONLY)

Term you plan to return to Antioch College: Term: \_\_\_\_\_ Year: \_\_\_\_\_

Do you plan to return for a study term or a co-op term? (check one):  Study  Co-Op

Is this study or co-op term within your normal study/ co-op sequence or will you be requesting a change of sequence? (check one):

Within normal sequence

I will request a change of sequence

*If a change of study/ co-op sequence is required, a separate petition must be approved by your academic, co-op, and language advisors, and be submitted to the Registrar on behalf of the Academic Policy and Review Committee (APRC) for processing and approval.*

## IMPORTANT INFORMATION AND CONTACTS

It is critical to ensure that you are able to return to Antioch College without any complications that might affect your ability to enroll in classes, or your ability to receive transcripts or have transcripts sent to other institutions. It is recommended to check with these offices to inquire about any outstanding issues, financial or otherwise, that may result in a hold that will prevent your registration for classes upon your return:

Office	Email	Phone
Finance Office	<a href="mailto:billing@antiochcollege.edu">billing@antiochcollege.edu</a>	937-319-0072
Financial Aid	<a href="mailto:fin.aid@antiochcollege.edu">fin.aid@antiochcollege.edu</a>	937-319-6016
Housing	<a href="mailto:reslife@antiochcollege.edu">reslife@antiochcollege.edu</a>	937-319-0234
Library	<a href="mailto:ac-library@antiochcollege.edu">ac-library@antiochcollege.edu</a>	937-319-1240

**PLEASE SEE NEXT PAGE FOR TERMS AND STUDENT SIGNATURE**



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## STUDENT CERTIFICATION AND UNDERSTANDING OF TERMS CONCERNING LEAVE OF ABSENCE OR WITHDRAWAL

*I hereby apply for leave or withdrawal from Antioch College and have read and understand the following terms:*

- I understand that I will be withdrawn from any currently registered courses if this form is submitted with an effective date on or before the last day of the seventh week of the term. If this form is submitted after the last day of the seventh week of the term, I understand that I will by default receive a final grade based on the work I have so far turned in, which in most circumstances will result in an F.*
- I understand that if I leave campus without consulting the above offices, there may be unresolved issues preventing my enrollment when I return.*
- I understand that if I live in the campus residence halls, failure to meet with an official in Residence Life regarding final checkout will result in additional charges assessed to my student account.*
- I understand that my student account balance must be paid in full in accordance with published deadlines prior to returning to Antioch College.*
- I understand that if I decide to return within a year of departure, I must file a separate notification of intent to re-enroll with the Registrar's Office in accordance with published deadlines.*
- I understand that if I do not return to school for the term following this leave of absence, I will be administratively withdrawn from Antioch College.*
- I understand that if I decide to return after a twelve month period of time, I will need to reapply through the Admissions Office.*
- I understand how my leave or withdrawal will affect my financial aid/ institutional awards and that all questions concerning financial aid should be directed to the Financial Aid Office prior to submission of this notification. (For additional information see "Tuition and Fees" and "Refund Policy for Federal Student Aid" in the curriculum catalog.)*
- I understand that no transcripts will be released unless all outstanding balances are paid in full. I should meet with Student Accounts prior to my departure.*

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY:

VP for Academic Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

Effective LOA/WD Date: \_\_\_\_\_ Processed By: \_\_\_\_\_ Posted Date: \_\_\_\_\_

Notification Sent to: AA, Advisor, Co-op, Dean of Students, Housing, Instructor(s), Library, Student Accounts, F.A., IR, and IT:

Date notifications sent: \_\_\_\_\_ Last Date of Attendance: \_\_\_\_\_



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Name: \_\_\_\_\_ Student ID: A00000 \_\_\_\_\_

Date: \_\_\_\_\_

## REASON FOR LEAVE OR WITHDRAWAL FROM ANTIOCH COLLEGE

Please indicate specific reasons or situations related to why you have decided to leave Antioch College:

Potential Reasons	Major Reason	Minor Reason	Not a Reason
2. Decided to attend a different college			
2. Health-related problem (family or personal)			
3. Wanted a break from my college studies			
4. Uncertain about the value of a college education			
5. Did not like the size or location of this college			
6. Had conflicts with my roommate			
7. Wanted to live closer to home			
8. Dissatisfied with my grades			
9. Needed more tutorial assistance			
10. Courses were too difficult			
11. Courses were not challenging			
12. Inadequate study habits			
13. Desired major is not offered			
What is the desired major?			
14. Interactions with faculty and staff			
15. Academic advising was inadequate			
16. Financial aid received was inadequate			
17. Tuition and fees were more than I could afford			
18. Dissatisfied with the social life at this college			
19. Other:			

1. If you are transferring to another college, please give the name of the college:

\_\_\_\_\_

2. Please re-examine your major reasons (identified above) for leaving Antioch College and indicate the single most important reason: Reason # \_\_\_\_\_

Comments on the single most important reason: