



TEMPORARY WITHDRAWAL REQUEST FORM

To be completed by student:

Student ID Number: _____ Academic Year: _____ Date: _____

Last Name: _____ First Name: _____

Current Program: _____ Advisor: _____

Email Address: _____

Daytime Phone: _____ Evening Phone: _____

FOR STUDENTS RECEIVING FINANCIAL AID, PLEASE READ THE FOLLOWING:

Students taking a Temporary Withdrawal at Argosy University are not eligible for loan deferments. Financial Aid will not be disbursed during the period of the Temporary Withdrawal. Any loan proceeds received during this period must be returned to the lender.

Students who take a Temporary Withdrawal in the middle of a term will be charged for classes attended in accordance with the appropriate refund policy. The University will return financial aid in accordance with Federal and State regulations. This may result in a balance on the student's account.

The date of withdrawal for students who do not return from an approved Temporary Withdrawal will be the date of the student's last recorded date of attendance.

TO BE COMPLETED BY STUDENT Return form to student services after faculty advisor signature has been secured.

Period Requested for Temporary Withdrawal: Start Date: _____ Date of Return: _____

Term and Session of Return: _____

Reason for Leave: _____

Is this an extension of a prior Temporary Withdrawal? Yes No If yes, indicate start date of prior Temporary Withdrawal: _____

Signature of Student: _____ Date: _____

Signature of Faculty Advisor: _____ Date: _____

TO BE COMPLETED BY STUDENT SERVICES

Temporary Withdrawal Approved for the following terms:

Fall _____ Spring _____ Summer _____

Temporary Withdrawal Denied

Reason Denied: _____

Signature of Department Head: _____ Date: _____

Signature of Student Services: _____ Date: _____

Date Recorded in SIS: _____ Date Reported to Financial Aid: _____ Last Date of Attendance: _____