



Cleveland University

KANSAS CITY

Chiropractic and Health Sciences

University Withdrawal/Interruption Form

Student Name: _____ Date: _____

Current Address/City/State/Zip: _____

Tri./Module Enrolled in: _____ Current Term: _____

Phone Number: _____ Are you a U.S. veteran? Yes No

Type of Action (check all applicable):

- Student-initiated withdrawal/interruption
- College-initiated withdrawal/interruption (The University may withdraw/interrupt a student for failure to meet financial obligations, health related matters, or other reason deemed appropriate.)

Reason(s) for leaving (check all that apply):

- Taking term off
- Taking module off
- Personal
- Other: _____
- Health
- Financial
- Transfer to another college (please name: _____)

(The following signatures indicate that the student has been made aware of any outstanding obligations to the University, but does not automatically mean that the obligation has been cleared.)

Director of Campus & Alumni Services Date

Director of Financial Aid Date

Finance Office Date

Library Director Date

Registrar Date

To be completed by the Office of Academic Records & Support:
Official last date of attendance: _____ **Anticipated Date/Term of Re-Enrollment (if applicable):** _____

A student may withdraw or be withdrawn from the University a maximum of two times. The third withdrawal will result in permanent dismissal from the institution. Leave of absence/interruption is defined as non-enrollment by a student in the degree program for one or more trimesters and occurs after the end of a complete trimester. It is different from college withdrawal, which occurs **during** the course of a trimester. A student who withdraws, takes a leave of absence, or is interrupted from the University and subsequently wishes to return must apply in writing to the Scholastic Regulations Committee for re-admission and must receive Committee approval prior to enrollment. A student must comply with current academic standards as described in the current University Catalog.

I understand that all tuition, fees, etc. that may have accrued must be paid in full before I will be allowed re-admission to the University, and that there may be a fee assessed for re-admission.

I understand that withdrawing or that taking a leave of absence/being interrupted from the University may compromise my future financial aid eligibility, my anticipated graduation date, and/or my eligibility to complete the degree program within the maximum period of time allowed. In signing this form I state that I have read, understand, and agree to comply with University academic policies concerning college withdrawal and/or leave of absence/interruption, and that I take full responsibility for any consequences affecting my academic progression which may result from this action

Student Signature _____
Date