



A WITHDRAWAL is a complete removal from the University. If you choose to return to FDU, you must re-apply through the Admissions Office.

ACADEMIC LEAVE OF ABSENCE (ALOA), which permits a student to return without penalty, is granted only to a matriculated student with a CGPR of 2.00 or higher. ALOA may cover only one semester with the privilege of renewal for one more consecutive semester. To request a renewal, a student must submit an appeal in writing to the Dean of Students. Authority to grant an ALOA resides with your respective Dean of Students.

Note: (i) A student taking an ALOA is not permitted to take class(es) at another institution.
(ii) ALOA becomes void if academic or judicial sanctions such as suspension or dismissal are applied at a later date.

DEADLINE: Last day to withdraw from classes as published for each semester, unless student demonstrates extenuating documented circumstances. (Refer to *Course Booklets* on Web Advisor under Important Dates www.webadvisor.fdu.edu).

INSTRUCTIONS: Please provide the information requested below and return the form to the Dean of Students Office for processing and to schedule an exit interview.

WITHDRAWAL **ACADEMIC LEAVE OF ABSENCE** **Effective Date:** **SPRING 20** _____ **FALL 20** _____

Section I: Student Info (Print Clearly)

Campus: **Florham** **Metropolitan** **Vancouver** **Wroxton**

Name: _____ FDU ID#: _____

Address: _____

Contact Telephone #: _____ Academic Program: _____ Full-time student: Y N

Last day of academic attendance: _____ Number of Completed Credits: _____ CGPA: _____

First Year Sophomore Junior Senior Graduate

Commuter Resident International

You must state the reason or the form will not be approved. Verification in writing must be furnished where applicable by the relevant authority.

Medical: (Appropriate medical documentation must be submitted to the Dean of Students) **Military:** _____

Transfer: Name of new institution: _____ **Employment:** _____

Financial: _____ **Academic:** _____

Other: _____ **COVID-19**

Student Signature: _____ Date: ____/____/20____

Section II: Dean of Students Office Use ONLY

Effective Date: ____/____/20____ (if the semester has already started) CGPA: _____ Exit Interview Completed: Yes No

Approved Not Approved: Reason: _____

Dean of Students Signature: _____ Date: ____/____/20____ **DOS HOLD**

Section III: Required Signatures

Student must obtain signatures from the first two offices and any additional, applicable, signatures listed below before filing this form with the Dean of Students Office.

1. Office of Enrollment Services, Registration

Academic Program: _____ Semester & year last attended: _____

Not registered Verified by: _____ Date: ____/____/20____

OR, If registered, courses dropped by: _____ (Bursar) Date: ____/____/20____

(Bursar Manager notes, if any: _____)

2. Office of Financial Aid Approved by: _____ Date: ____/____/20____

a. Student Initial: _____ I was informed of and I understand my financial obligations, or

b. Student Initial: _____ I have contacted the Office of Financial Aid and was informed of my financial obligations and responsibilities

Additional signatures required, (ONLY if applicable):

3. Residence Life/Housing _____ Date: ____/____/20____ **5. EOF** _____ Date: ____/____/20____

4. Int'l Student Services _____ Date: ____/____/20____ **6. FIS/EFE** _____ Date: ____/____/20____

7. Athletic Advising _____ Date: ____/____/20____ **8. Pharmacy** _____ Date: ____/____/20____