

STUDENT LEAVE OF ABSENCE & WITHDRAWAL CHECKLIST

Taking a leave of absence or withdrawing from college is a very serious decision. A representative from Student Success will consult with the student to ensure awareness of all options and alternatives when making this critical decision. The Leave of Absence/Withdrawal Packet is designed to serve as a guide for students contemplating a Leave of Absence or Withdrawal.

CHECKLIST	Date Completed
STUDENT SUCCESS Ruff Memorial Learning Center	
<p>Make an appointment with a representative from Student Success to address the following:</p> <ul style="list-style-type: none"> • Reasons for withdrawing or taking a leave of absence. • Address the possibility of alternative courses of action. • Determine the academic effects of withdrawing or taking a leave of absence, i.e., incomplete work, loss of academic credit, etc. • Determine what needs to be done/deadlines if faculty members provide an incomplete in coursework. • Discuss your plans for the future. Do you plan to return or will you be transferring? • Address any concerns or issues with your experiences at Capital University, especially as related to academic programs, residence life, dining services, and student activities, etc. • Complete the Student Withdrawal Questionnaire. • Identify processes and deadlines for returning. • If transferring, identify the process for obtaining transcripts • The Student Success Representative will complete the Leave of Absence/Withdrawal form. • Meet with your Resident Assistant/Area Directors to complete the check-out process and submit your residence hall keys. 	
STUDENT ACCOUNTS Yochum Hall	
<p>Make an appointment with the Office of Student Accounts to review the following:</p> <ul style="list-style-type: none"> • Address financial obligations and billing questions and concerns • Identify the process for receiving your final statement regarding tuition and fees for the current semester of enrollment from the Office of Student Accounts. 	
FINANCIAL AID Yochum Hall	
<p>Make an appointment with the Office of Financial Aid to review the following:</p> <ul style="list-style-type: none"> • Current financial aid status. • Complete financial aid exit interview process. • Determine the financial consequences of withdrawing or taking a leave of absence. • Identify your remaining financial aid eligibility. • Discuss process for reinitiating your financial aid prior to re-enrollment. • Identify the process for receiving your final statement regarding tuition and fees for the current semester of enrollment from the Office of Student Accounts. 	
REGISTRAR'S OFFICE Yochum Hall	
<ul style="list-style-type: none"> • Drop off completed form for a representative to process • If transferring request a transcript to be sent to new school. 	

IMPORTANT PHONE NUMBERS

(All numbers are 614-236-XXXX)

	614-236-XXXX
Academic and Student Affairs.....	6611
Academic Success.....	6327
Advising Office.....	6112
Career Development	6606
Financial Aid	6511
Registrar	6150
Residential and Commuter Life.....	6811
Student Accounts	6123
Student Success	6871

Student Leave of Absence/Withdrawal Form

You must complete and obtain the appropriate signatures. You must return this form to the Office of the Registrar in order to be officially withdrawn from Capital University.

Last Name _____ First Name _____ M.I. _____

Student ID _____ Phone Number _____ Cell Phone _____

What address should the University use to forward any remaining mail or other information?

Address _____

In what semester did you start? Term _____ Year _____

Class Level: 1st Yr. _____ Soph. _____ Jr. _____ Sr. _____ Adult _____ Grad _____ Seminary _____

Please check the box that corresponds with your intended enrollment action.

Leave of Absence A leave of absence may be granted to a student who wishes to interrupt, but not permanently discontinue, enrollment at Capital University. To be eligible for a leave of absence, the student must be in good financial and disciplinary standing. Students who have been dismissed for any reason from the University are not eligible to request a leave of absence. Eligible students may take up to one year of academic leave.

Withdrawal A student who wishes to withdraw from the university must meet with the Student Success Office to complete the official withdrawal process. If the withdrawal is approved the student's grade report and transcript will reflect the university withdrawal by recording all W's for that semester. The date of withdrawal is the last date of class attendance as verified by the Student Success Office. Any applicable refunds are based on this date. Students who completely withdraw from school may lose a semester of financial aid eligibility or be required to pay back a portion of any financial aid received. Therefore, it is extremely important that students consult with the financial aid office **before** withdrawing from classes.

The **Leave of Absence** or **Withdrawal** is requested for the following reason(s):

- | | | | |
|------------------------------------|-----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Personal | <input type="checkbox"/> Medical | <input type="checkbox"/> Financial | <input type="checkbox"/> Family |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Military | <input type="checkbox"/> Work-Related | <input type="checkbox"/> Mission Work |
| | | | <input type="checkbox"/> Other <i>(please explain)</i> |

4. If taking a Leave of Absence, when do you anticipate returning to Capital University?

Fall _____ Spring _____ Summer _____

7. Are you a residential or commuter student?

Residential Commuter

8. If a residential student, what is the name of the residence hall in which you reside? _____

All students who break the Campus Housing Agreement will be responsible for payment of a \$300 Cancellation Fee and prorated room and meal plan charges based on the date of check-out from the residence halls.

Department	Signature	Date
Student Success		
Student Accounts		
Financial Aid		
Registrar's Office		

You may have academic, personal, financial, and/or other business obligations to address with other offices on campus. Please check the appropriate boxes below to verify that you have been informed of your responsibility to make arrangements to meet with the persons/offices identified to address any academic, personal, and/or financial obligations.

For Office Use Only

Official Last Day of Enrollment as verified by Student Success

Month Day Year

LOA/WD after Mid-Point of Term Yes No

Student Withdrawal Questionnaire received? Yes No

Date of Determination verified by Student Success

Month Day Year

SIGNATURE VERIFICATION

Student Signature _____ Date _____

**CAPITAL UNIVERSITY
STUDENT WITHDRAWAL QUESTIONNAIRE**

Withdrawing from college is a very serious decision. Please take a few minutes to assist us with providing better experiences for our students. Your honest responses would be greatly appreciated. All responses are strictly confidential. Please know that we appreciate you taking time to help us provide better services to our students.

Last Name _____ First Name _____ Middle Initial _____

Capital ID _____ Major _____ Class 1st yr. Soph. Jr. Sr., Adult, Grad, Sem.

When did you begin to think about withdrawing?

- Before the Start of School First Week Second Week Third Week Fourth Week
 Fifth Week Sixth Week Other

When you first decided to attend Capital University, what were the factor(s) in that decision?

Please check all that apply.

- Academic Reputation Academic Programs Location Size Athletics Overall Cost
 Alumni Parent(s) Scholarships & Financial Aid Influence of family/friends Other

With whom did you discuss your decision to withdraw? (Check all that apply)

- Parents/Relative Faculty Member Advisor College Staff Member
 Fellow Student/ Friend Career Services Employer Other _____

Reasons for Leaving University

Listed below are a number of reasons why students sometimes decide to leave college. Please blacken the oval indicating whether each of the reasons listed as a **major** reason, a **minor** reason, or **not** a reason that you considering leaving Capital.

	Major Reason	Minor Reason	Not A Reason
<u>ACADEMIC</u>			
1. Dissatisfied with my grades	()	()	()
2. Courses were too difficult	()	()	()
3. Courses were not challenging	()	()	()
4. Inadequate study habits	()	()	()
5. Too many required courses	()	()	()
6. Disappointed with the quality of instruction at this college	()	()	()
7. Undecided about major	()	()	()
<u>INSTITUTIONAL</u>			
8. Desired major was not offered by Capital	()	()	()
9. Desired major was offered, but course content was unsatisfactory	()	()	()
10. Academic advising was inadequate	()	()	()
11. Experienced class scheduling problems	()	()	()
12. Could not find housing I like	()	()	()
13. Unhappy with Capital rules and regulations	()	()	()
14. Impersonal attitudes of college faculty and staff	()	()	()
15. Dissatisfied with the social life at Capital	()	()	()
16. Inadequate facilities for physically handicapped students	()	()	()
<u>FINANCIAL</u>			
17. Financial aid received was inadequate	()	()	()
18. Encountered unexpected expenses	()	()	()
19. Could not find part-time work at Capital	()	()	()
20. Could not obtain summer employment	()	()	()
21. Did not budget my money correctly	()	()	()

	Major Reason	Minor Reason	Not A Reason
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PERSONAL

22. Felt alone or isolated	()	()	()
23. Commuting distance to Capital was too great	()	()	()
24. Had conflicts with my roommates	()	()	()
25. I am getting married	()	()	()
26. Wanted to live nearer to my parents or loved ones	()	()	()
27. Health related problem (family or personal)	()	()	()
28. Influenced by parents or relatives	()	()	()
29. Felt racial/ethnic tension	()	()	()
30. Did not like the size of Capital	()	()	()
31. Experienced emotional problems	()	()	()
32. Wanted to travel	()	()	()
33. Family responsibilities were too great	()	()	()
34. Uncertain about the value of a college education	()	()	()
35. Wanted a break from my college studies	()	()	()
36. Difficulty in obtaining transportation to Capital	()	()	()

Did you live on campus? Yes No *If Yes, what Residence Hall:* _____

Were you involved in any extracurricular activities? Yes No *If Yes, which activities did you participate in?*

What are your plans for the coming year? *(Please select all that apply)*

- Attend a different college or university full time
 Attend a different college or university college part time

Institution & Intended Major: _____

- Work full time Work part time
 Care for home and/or family Travel
 Other (please specify): _____

Do you expect to complete college eventually? Yes No

Would you consider returning to Capital University at a later date? Yes No

If so, would you want to receive communication from the university on a regular basis? Yes No

If yes, what e-mail address would you like us to contact you at? _____

Student Signature _____ **Date** _____

Your feedback is extremely important to us and we appreciate you taking the time to complete this survey.
 This questionnaire is maintained by the Office of Student Success (614) 236-6871.
 Thank you.