

LEAVE OF ABSENCE / WITHDRAWAL CHECKLIST

The Leave of Absence/Withdrawal Packet is designed to serve as a guide for students considering a Leave of Absence or Withdrawal from the University. Taking a leave of absence or withdrawing from college is a major decision with significant implications. A representative from Student Success will meet with you to ensure awareness of all options and information when making this critical decision.

CHECKLIST		
STUDENT SUCCESS		Contact Information
<input type="checkbox"/>	Make an appointment with a representative from Student Success to discuss the following: <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 requirements and deadlines if faculty members provide an Incomplete (I) grade in coursework. Discuss your plans for the future: will you return or do you plan to transfer? Address any concerns or issues with your experiences at Capital University, especially as related to academic programs, residence life, dining services, student activities, etc. Identify processes and deadlines for returning. If transferring, identify the process for obtaining transcripts. Complete the Leave of Absence/Withdrawal Packet. If living on campus, complete the checkout process from your residence and return your room keys. 	Yochum Hall, 1 st Floor 614-236-6388 success@capital.edu OTHER HELPFUL NUMBERS (all are 614-236-XXXX) Accessibility Services.....6611 Academic Success.....6327 Advising Office.....6112 Career Development.....6606 Residence Life.....6811
STUDENT ACCOUNTS		
<input type="checkbox"/>	Meet with a representative from Student Accounts to review the following: <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. 	Yochum Hall, 1 st Floor 614-236-6123 studentaccounts@capital.edu
FINANCIAL AID		
<input type="checkbox"/>	Meet with a representative from the Office of Financial Aid to review the following: <ul style="list-style-type: none"> Impact of the withdrawal on your current financial aid. The consequences of withdrawing (or LOA). How the results of your withdrawal will be communicated. The requirement of student loan borrower to complete Exit Counseling. Notifying the financial aid upon your return to Capital University. 	Yochum Hall, 1 st Floor 614-236-6511 financialaid@capital.edu
REGISTRAR'S OFFICE		
<input type="checkbox"/>	Visit the Office of the Registrar to do the following: <ul style="list-style-type: none"> If transferring, request a transcript to be sent to new school. 	Yochum Hall, 1 st Floor 614-236-6150 registrar@capital.edu

LEAVE OF ABSENCE / WITHDRAWAL FORM

Student Name: _____ **Student ID#:** _____

Mailing Address (off campus): _____
Street Address City State Zip

Email: _____ **Phone:** _____ Cell Home

Class Level: 1st Year Sophomore Junior Senior Adult/Continuing Ed Masters Seminary

Current Housing Status*: Residential [Name of Residence Hall: _____] Commuter

*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 checkout from the residence halls.

REQUESTED ACTION

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. Leaves of **up to one academic year** may be granted, including transient work. Requests must be received by the Student Success Office and submitted to the Registrar's Office. A leave of absence allows a student to return without the necessity of applying for readmission. A student on an approved leave of absence returns to Capital under the same bulletin requirements for which they originally entered. Students who have been suspended or dismissed from the University are not eligible to request a leave of absence.

Term/Year of Anticipated Return from Leave: Fall _____ Spring _____ Summer _____

WITHDRAWAL

A student who wishes to withdraw from the university must meet with someone in the Student Success Office to complete the official withdrawal process. The date of withdrawal is the date of notification 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. A withdrawal is not official until the signed and dated withdrawal form is returned to the Registrar's Office **prior** to the start of final examinations. FAILURE TO WITHDRAW OFFICIALLY MAY JEOPARDIZE REFUNDS, GRADES, AND READMISSION TO THE UNIVERSITY.

Reason for Leave of Absence or Withdrawal (check all that apply):

Personal Medical Mental Health Financial Family Military Job-Related Mission Work
 Transfer to: _____ Other (please explain) _____

SIGNATURES

Student Signature: _____ Date: _____

Student Success: _____ Date: _____

Student's Confirmed LDA: _____

Student Accounts: _____ Date: _____

Financial Aid: _____ Date: _____

Registrar Office Use Only:

Processed By _____

Date Received _____

STUDENT WITHDRAWAL QUESTIONNAIRE

Please take a few minutes to complete this questionnaire. Your feedback will help us provide better experiences for our students. We will keep your responses private.

Student Name: _____ **ID#:** _____

Program or Major: _____

Class: First year Sophomore Junior Senior Adult/Continuing Ed Graduate Seminary

Do/Did you live on campus? Yes No

If Yes, what residence hall or apartments? _____

Were you involved in any co-curricular activities? Yes No

If Yes, which activities did you participate in? _____

When did you begin to think about withdrawing?

Before the start of the semester 1st week 2nd week 3rd week 4th week 5th week
 6th week Other: _____

When you first decided to attend Capital University, what were the factors in that decision?

Please check all that apply:

Academic reputation Scholarships & financial aid Overall cost Location Athletics
 Academic programs Influence of family/friends Alumni parent Size Other: _____

With whom did you discuss your decision to withdraw?

Please check all that apply:

Parent(s)/relative Fellow student/friend Advisor Career Development
 Faculty member College staff member Employer Other: _____

What are your plans for the coming year?

Please check all that apply:

Work full time Work part time Care for home and/or family Travel Other: _____
 Attend a different college or university part time [Institution & intended major: _____]
 Attend a different college or university full time [Institution & intended major: _____]

Do you expect to complete college eventually? Yes No

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

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

If Yes, what is your preferred email address? _____

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REASONS FOR LEAVING UNIVERSITY

Listed below are various reasons why students decide to leave college. Please fill in the square indicating whether each of the reasons listed are a **major** reason, a **minor** reason, or **not** a reason that you are considering leaving Capital.

	Major Reason	Minor Reason	Not a Reason
<u>ACADEMIC</u>			
1. Dissatisfied with my grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Courses were too difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Courses were not challenging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Inadequate study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Too many required courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Disappointed with the quality of instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Undecided about major	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>INSTITUTIONAL</u>			
8. Desired major is not offered at Capital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Desired major is offered, but course content was unsatisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Academic advising was inadequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Experienced class scheduling problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Could not find housing I like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Unhappy with Capital rules and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Impersonal attitudes of college faculty and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Dissatisfied with the social life at Capital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Inadequate facilities to meet accessibility needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>FINANCIAL</u>			
17. Financial aid received was inadequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Encountered unexpected expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Could not find on-campus job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Could not obtain off-campus job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Did not budget my money correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>PERSONAL</u>			
22. Felt alone or isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Commuting distance to Capital was too great	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Had conflicts with my roommate(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I am getting married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Wanted to live nearer to my parents or loved ones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Health related problem (family or personal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Influenced by parents or relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Felt racial/ethnic tension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Did not like the size of Capital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Experienced emotional problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Wanted to travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Family responsibilities were too great	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Uncertain about the value of a college education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Wanted a break from my college studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Difficulty in obtaining transportation to Capital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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) 236-6388.

Thank you.