

# University Withdrawal/Leave of Absence

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Name: \_\_\_\_\_ PRN: \_\_\_\_\_  
Last First MI

Complete Mailing Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Do You Receive VA Benefits?  Yes  No

Are you assigned UNE Housing?  Yes  No **If yes, Hall & Room Number:** \_\_\_\_\_

## **Action to be Taken (select only one):**

- Withdrawing from the current term only (**Complete Section A**)
- Withdrawing from the current term **and** requesting a Leave of Absence for the next term (**Complete Section A & B**)
- Withdrawing from the current term **and** withdrawing from the University (**Complete Section A & C**)
- Completing the current term, **but** requesting a Leave of Absence for the upcoming term (**Complete Section B**)
- Completing the current term, **but** withdrawing from the University (**Complete Section C**)
- Leave of Absence only (**Complete Section B**)
- Withdrawing from the University only (**Complete Section C**)

## **Section A (Term Withdrawal):**

Term (Indicate year next to applicable term): Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_

Did you attend one class or complete at least one lesson for any course in which you were enrolled?

No  Yes If yes, what was your last day of attendance: \_\_\_\_\_

## **Section B (Leave of Absence):**

Last Semester Enrolled (Indicate year next to applicable term): Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_

Semester Leave Will Begin (Indicate year next to applicable term): Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_

Planned Semester Return (Indicate year next to applicable term): Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_

## **Section C (University Withdrawal):**

Immediate Withdrawal (withdrawing from all courses). Last Day of Attendance: \_\_\_\_\_

Withdrawing at the end of the semester. (Indicate year next to applicable term): Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_

## **Reason(s) for Leaving (check any that apply):**

- Transferring to another University or College If yes, Which University/College : \_\_\_\_\_
- Financial
- Personal
- Entering Armed Forces
- No Reason Given
- Not Satisfied with Program
- Medical
- Academic Difficulties
- Other: \_\_\_\_\_

**(Signatures on Page 2 are required to complete this process.)**

- It is the responsibility of the student to meet with Financial Aid staff located in Student Financial Services to discuss the financial implications of Withdrawing or taking a Leave of Absence. Withdrawal from UNE (both mid-term and from the

University) may affect financial aid eligibility. Financial information related to Withdrawals and Return of Federal Financial Aid can be reviewed at: <http://www.une.edu/sfs/undergraduate/additional-information>

- It is the responsibility of the student to meet with the Office of Housing and Residential/Commuter Life staff to discuss the appropriate procedures for checking out of any UNE sponsored housing.
- A student who does not return from a Leave of Absence within either the agreed upon time frame or within one academic year will be administratively withdrawn from the University.
- Reinstatement to the University after a Leave of Absence will require written communication from a student's official UNE email address stating they wish to be reinstated as a student for a given term.  
<http://www.une.edu/registrar/registration/loa-reinstatement-withdrawal-policies>
- A student returning from a Medical Leave of Absence must demonstrate to the University that the student's health permits successful completion of studies. Students should contact Hahna Patterson, M.A., L.C.P.S., Sanford F. Petts Health Center at [Hpatterson@une.edu](mailto:Hpatterson@une.edu) for further instructions. <http://www.une.edu/registrar/registration/loa-reinstatement-withdrawal-policies>
- Grading: A student leaving mid-semester can expect that grades will be assigned in accordance with academic policy (W, WP, WF) grades. Students completing the semester can expect earned grades to be awarded.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REGISTRAR'S OFFICE  
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